



With Allah's Name, The Merciful Benefactor, The Merciful Redeemer

Atlanta Masjid of Al-Islam Child Care Registration Form

Child Information

Child's Name: _____ Age: _____

List the Names and information for additional children on the back of this form

If there are any food or activity restrictions, please specify:

Any other helpful information you would care to share with us?

Parent Contact Information

Parent / Legal Guardian Name(s): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone/Pager: _____

Email Address: _____

Emergency Contact and Authorized Release

Your Release and Emergency Contact person should live in the Metro-Atlanta area and be available in the event that we are unable to contact you.

Release Contact: I hereby authorize the Atlanta Masjid of Al-Islam or its representative to contact and/or release my child to the representative designated by me in the event I am unable to pick my child up or cannot be reached in an emergency.

Name: _____

Phone: _____ Cell: _____

Address: _____

Relationship to child: _____

Signature of Parent | Legal Guardian: _____ Date: _____

PLEASE NOTE: A photo ID may be required from anyone who picks up a child.

Emergency Healthcare Contact and Consent

If the Masjid is unable to locate me or my Emergency Contact, I prefer that my child(ren)

(print names of child/children)

Receive treatment at the following hospital _____

If your child becomes ill or injured while in childcare, the Masjid will make reasonable efforts, depending upon the circumstances, to locate you so that you may provide care for your child. The Masjid will, where possible, honor your requested location of treatment specified above.

Consent Agreement:

I give permission for emergency medical services to be provided for my child if: (1) these services are legally required; (2) they are requested by me (or my child), or by the person I have designated as an emergency contact; or (3) individuals working for the Masjid, who are in attendance, feel they are appropriate or necessary under the circumstances.

I (or we) have read this form carefully and understand what it says.

Signature of Parent | Legal Guardian _____ Date: _____

Registration Agreement

In consideration of the registration of my child, I release the Atlanta Masjid of Al-Islam, and their related affiliates, imams, board of directors, employees and agents from any claims, losses, damages or costs (including attorneys' fees) caused by, or arising from, my child's registration, or participation in, the programs and activities conducted by the Atlanta Masjid of Al-Islam other than to the extent caused by the negligent or willful misconduct of the Atlanta Masjid of Al-Islam and their related affiliates, board of directors, imams, employees and agents.

Signature of Parent | Legal Guardian: _____

Date: _____