

Alimah Scouts Registration Form Muslim Women of Learning

Child name _____ Age _____ Date of birth _____

Home Address _____

City/State/ Zip _____

School Name _____ Grade _____

Parent /Guardian _____

Address _____

E- mail address _____

Home# _____ WK# _____ Cell# _____

Parent/Guardian _____

Address _____

Home _____ Wk# _____ Cell# _____

Alternative persons to pick up scout(s)

Home# _____ Wk# _____ Cell _____

Alimah Youth Leadership Program

The Alimah Youth Leadership Program will not accept financial responsibility as a result of medical treatment provided for any of its members. In the event that medical treatment is provided, AYLK staff will seek qualified medical assistance. I have read and understood the above statement and relinquish The Alimah Youth Leadership Program & Masjidullah from any financial responsibility as a result of necessary medical treatment to my child. I'm requesting that my child be allowed to participate in the above registration process

Medical Information/

Does your child(ren) have any medical concerns, special needs, and/or behavior concerns i.e. (allergies, learning disabilities, ADHD). Is your child(ren) taking any medications? If so what medications and how often. If any discrepancies develop child(ren) will be dismissed from the program.

No _____ Yes _____ Please list if yes _____

Parent/Guardian Signature _____ **Date** _____
Program Manual Signature _____ **Date** _____