

In the Name of Allah, Most Gracious, Most Merciful

REGINA HUDA SCHOOL

40 Sheppard Street, Regina, Saskatchewan, Canada S4R 3M6 Phone: (306) 565-1988 E-mail: info@huda.ca Web: www.huda.ca

2024-25 Preschool Registration Form

Last Name	N First Name		Middle Name	
Address		City	Province	Postal Code
Date of Birth: Year / Month	h / Day Gender: M / F		·	
/	/			
Which class is your preference AM (8:30 to 11:30 a) PM (12:30 to 3:30 p)	ım)			
What name does your child g	o by:			
PARENT INFORMATION Father's Name	Address (if different	from student)	Home phone	Cell phone
Mother's Name	Address (if different t	from student)	Home Phone	Cell Phone
Mother's Name	Address (if different t	from student)	Home Phone	Cell Phone
	Address (if different t	from student) Mother's Email A		Cell Phone
	Address (if different t			Cell Phone
Father's Email Address	Address (if different t			Cell Phone
Father's Email Address	Address (if different t			Cell Phone
Father's Email Address Heritage Information The following information of Information and Protect	is collected for the Minist	Mother's Email A	ddress	ected under <i>The Local Fre</i>
Father's Email Address Heritage Information The following information of Information and Protect Policy 405.	is collected for the Minist	Mother's Email A	d disclosure is prot	ected under <i>The Local Fre</i>
Father's Email Address Heritage Information The following information of Information and Protect Policy 405.	is collected for the Minist	Mother's Email A	d disclosure is prot	ected under <i>The Local Fre</i> must adhere to <i>Administra</i>
Father's Email Address Heritage Information The following information of Information and Protect Policy 405. Country of Birth Country of Birth	is collected for the Minist	Mother's Email A	d disclosure is prot na Public Schools	ected under <i>The Local Fre</i> must adhere to <i>Administra</i> ad language spoken at home
Father's Email Address Heritage Information The following information of Information and Protect Policy 405. Country of Birth Country of Bi	is collected for the Minist tion of Privacy Act and all untry of Citizenship adian/Permanent Resident?	Mother's Email A	d disclosure is prot na Public Schools n at home Secon	rected under <i>The Local Fre</i> must adhere to <i>Administra</i> ad language spoken at home
of Information and Protect Policy 405. Country of Birth	is collected for the Minist tion of Privacy Act and all untry of Citizenship	Mother's Email A	d disclosure is prot na Public Schools n at home Secon	rected under <i>The Local Fre</i> must adhere to <i>Administra</i> ad language spoken at home

MEDICAL INFORMATION	D1 ' ' ' 2 27	DI
Allergies or Medical Concerns	Physician's Name	Phone
FAMILY INFORMATION		
Name of Sibling(s)	Age	Grade & School
payment after any NSF cheque Please note that Preschool fees	s are \$25/returned cheque. es are received. are not included in tax rec	
Please Enclose		
	ble registration and classro	nom fee per child `
φ1+0 non-returnati	ore registration and classio	om ree per emia.
Parent Signature		Date
-		
OFFICE USE ONLY:		
□ \$140 registration fee paid.		☐ Entered in MSS.
φ1πο registration fee part.		Entered in Wiss.