



PEARLS ACADEMY

Full-time Tahfeeth and Academics Registration

Monday – Friday 8:00 am to 3:30 pm

Student Information:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Grade: _____ Gender: Male Female

Parent / Guardian Information:

Name of Father: _____ Phone:(_____) _____ - _____ Email: _____

Name of Mother: _____ Phone:(_____) _____ - _____ Email: _____

Emergency Information:

Contact: _____ Relation to Student: _____ Phone:(_____) _____ - _____

Allergies: _____ Medication: _____

Medical Insurance: _____ Policy #: _____

Doctor's Name: _____ Phone:(_____) _____ - _____

I understand that the registration fee is due at time of registration to secure a spot and is non-refundable.

Signature of Parent/Guardian: _____ Date: _____

For more information, call 571.207.5044 or email info@pearlsacademy.org