

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

## 2025-26 Preschool Registration Form

STUDENT INFORMATIO	ON				
Last Name	First Name	First Name		Middle Name	
Address		City	Province Posta	al Code	
Date of Birth: Year / Mon	nth / Day Gender: M / F	1			
Jate of Birtii. Teal / World	dii / Day Gender. Wi / I				
/	/				
Which class is your preferen	nce:				
$\Box$ AM (8:30 to 11:30					
□ PM (12:30 to 3:30 to	•				
☐ Either AM or PM	F)				
What name does your child	go by:				
PARENT INFORMATION	N				
Father's Name	Address (if differen	t from student)	Home phone	Cell phone	
Mother's Name	Address (if different	t from student)	Home Phone	Cell Phone	
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Father's Email Address		Mother's Email	Address		
Heritage Information					
O					
	n is collected for the Minis				
	ction of Privacy Act and al	l employees of Reg	ina Public Schools mus	st adhere to <i>Administrat</i>	
Policy 405.					
Country of Birth Co	ountry of Citizenship	First language spok	en at home Sec ond lar	nguage spoken at home	
le and ar mare narant Can	adian/Darmanant Pagidan	to D Vac D No.	If no places contact ]	Navyaamar Walaama C	
s one of more parent Can	nadian/Permanent Resident	i: • 168 • NO	n no, picase contact	Newcomer Welcome C	
EMERGENCY CONTAC'	TS (Neighbour/Friend/Relati	ve)			
Name	Home Phone	Cell or Work Phon	e Relationsh	ip	
1.				-	
2					
2.	i	ı			

## MEDICAL INFORMATION Allergies or Medical Concerns Physician's Name Phone **FAMILY INFORMATION** Grade & School Name of Sibling(s) Age Has your child ever been enrolled in a Saskatchewan school before? ☐ Yes ☐ No If yes, which school? **Tuition Fees** \$275 per month. \*NSF charges are \$25/returned cheque. The RHS board reserves the right to request cash payment after any NSF cheques are received. Please note that Preschool fees are not included in tax receipts and are not included for siblings' discount. I will comply with School regulations as stated in the Parent Manual. Upon acceptance of my child I agree to pay all fees. **Please Enclose** \$140 **non-refundable** registration and classroom fee per child. Parent Signature Date OFFICE USE ONLY: \$140 registration fee paid. ☐ Entered in MSS.

FORM CONTINUED ON REVERSE.