



PICKERING ISLAMIC CENTRE

2065 Brock Road North, Pickering, Ontario, L1V 2P8 Tel: (905) 426 7887

PIC Saturday Boys School Registration Form - 2018/2019

Instructions

Please read this page and sign it. Also complete the next two (2) pages, providing information about Guardians and Children.

Class Timings

Boys: Every Saturday 10:30 am to 1:30 pm

School Fees

Boys Weekend School per year \$285/student – including book fees

Also, please note that there is a \$20 late fee for any registrations after September 5th.

Terms and Conditions

- While dropping their child, it is the parent's responsibility to make sure that the school is open and teachers are present. PIC management does not have arrangements to take care of children who are left unattended when the classes are cancelled.
- When dropping and picking your child please park in the parking lot and walk to your class.
- All students are expected to behave properly and follow class rules and if a student is unable to follow class expectations then that student may be disciplined up to and including suspension or expulsion.
- Students are expected to wear appropriate Islamic clothing.
- If your child is unable to participate in any of the activities due to any medical reasons/ allergies please let us know.

Liability Waiver

The Pickering Islamic Centre takes every precaution to ensure the safety of your child(ren). We shall make all necessary efforts that children participate in educational and recreational activities under supervision. Pickering Islamic Centre takes no responsibility for injury or other mishaps on the premises and any other premises that would be used for educational and recreational programs.

I understand the risks involved at the PIC facility and I therefore hereby release forever and discharge the Pickering Islamic Centre, organizers and teachers / staff of this program from all actions, damages, claims and demands whatsoever arising by reason of participation of my children in this program or any associated activities. Outside the class timings stated above, parents are responsible for the safety of their children. Parents/ Guardians are requested to have adequate insurance coverage for their child/children. I have read, understood and agree to the contents of this consent in its entirety.

**Student
Signature** _____

Date _____

**Guardian
Signature** _____

Date _____

Guardian Information

Please provide information for 2 adults, indicating the preferred method(s) of contact.

If a guardian is to receive Tax Receipts, then tick the appropriate box and provide a valid mailing address.

If a guardian is an Emergency Contact, then indicate thus, and provide the Emergency Contact number.

If a guardian is the Legal Guardian, then also indicate this. There must be at least 1 Legal Guardian.

At a bare minimum, there must be 1 guardian who takes on all three of the above roles.

Preferred?

Guardian 1

Name:

Address:

Home Phone:

Work Phone:

Mobile Phone:

Emergency Phone:

Primary Email

Tax Receipt

Legal Guardian

Emergency Contact

Guardian 2

Name:

Address:

Home Phone:

Work Phone:

Mobile Phone:

Emergency Phone:

Primary Email

Tax Receipt

Legal Guardian

Emergency Contact

Guardian 3

Name:

Address:

Home Phone:

Work Phone:

Mobile Phone:

Emergency Phone:

Primary Email

Tax Receipt

Legal Guardian

Emergency Contact

Student Information

Please provide information for all children that will be attending the PIC Weekend School (boys and girls).

Student 1
(section)*

Name (First and Last, that the student answers to)

Name (as you want it to appear on the certificate)

Gender (M/F)

Date of Birth (DD-MMM-YYYY)

Health Card #

Allergies or other Medical Conditions

Student 2
(section)*

Name (First and Last, that the student answers to)

Name (as you want it to appear on the certificate)

Gender (M/F)

Date of Birth (DD-MMM-YYYY)

Health Card #

Allergies or other Medical Conditions

Student 3
(section)*

Name (First and Last, that the student answers to)

Name (as you want it to appear on the certificate)

Gender (M/F)

Date of Birth (DD-MMM-YYYY)

Health Card #

Allergies or other Medical Conditions

Student 4
(section)*

Name (First and Last, that the student answers to)

Name (as you want it to appear on the certificate)

Gender (M/F)

Date of Birth (DD-MMM-YYYY)

Health Card #

Allergies or other Medical Conditions

* Office Use Only