

Masjid Usman – Evening Quran School

2065 Brock Road North, Pickering, Ontario, L1V 2P8

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MASJID USMAN
EVENING QURAN SCHOOL

Registration Form

Please print clearly with no handwriting

Student Information

Student 1

Last: _____ First: _____ Grade/Section: _____

D.O.B. (DD-MM-YYY) _____ (M/F): _____ Health Card #: _____

Allergies or Medication: _____ Special Needs if any: _____

Fees: \$ _____ Books: \$ _____ Registration: \$ _____ Other: \$ _____

Student 2

Last: _____ First: _____ Grade/Section: _____

D.O.B. (DD-MM-YYY) _____ (M/F): _____ Health Card #: _____

Allergies or Medication: _____ Special Needs if any: _____

Fees: \$ _____ Books: \$ _____ Registration: \$ _____ Other: \$ _____

Student 3

Last: _____ First: _____ Grade/Section: _____

D.O.B. (DD-MM-YYY) _____ (M/F): _____ Health Card #: _____

Allergies or Medication: _____ Special Needs if any: _____

Fees: \$ _____ Books: \$ _____ Registration: \$ _____ Other: \$ _____

Address

Street No: _____ Unit (APT): _____ Street Name: _____

City: _____ Postal: _____

Parent/Guardian Information

1.
Last: _____ First: _____
Cell: (_____) Home: (_____)
E-Mail: _____

2.
Last: _____ First: _____
Cell: (_____) Home: (_____)
E-Mail: _____

Doctor's and Emergency Information

Doctors Name: _____ (Tel): _____
Emergency Name: _____ (Tel): _____
***Please do not provide parent as Emergency contact**

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.

Signature _____

Date _____

For Office Use Only:

Student IRM#: _____, _____, _____ Parent IRM#: _____, _____

Amount Received: \$ _____ Approved By: _____ Date Received: _____