

Print Name _____

Islamic Center of Conejo Valley 2700 Borchard Road, Newbury Park, CA | Tel: 805-499-2106 | Email: iccvnews@gmail.com

"ICCV Toddlers and Islam" Registration Form

Child's Name:
Parent's Names:
Parent's Email:
Address:
Phone Number
Child's Birthday
Please list any allergies, food or environmental:
 Is there anything special that you would like to share about your child that ill help to improve his/her "Toddlers and Islam Class" experience?
About the Class:
The class will be held on Fridays from 5:30 pm- 7pm in ICCV upstairs hall.
 The parent attendance is not compulsory provided the child can stay and participate without the parent. If the parent decides to stay, they must accompany the child at all times. They are to be present in the class with the child and aren' allowed to hang out in the masjid.
• There will be a \$20 fee due at registration (covers approx. 6 classes) to provide snacks and activity materials etc.
The schedule will be as follows
• 5:30-6:15curriculum based learning
• 6:15-6:30snack time
• 6:30-7:00activity
Toddlers will watch and try to follow the prayers via the TV Screen in the upstairs hall to learn how to perform Salah.
Parent/Legal Guardian (sign here)
Liability Form:
The undersigned hereby expressly, unconditionally and irrevocably assumes all risks and danger of personal injury to, and cany damage to or loss of any property of, the undersigned arising out of or in any way relating to the undersigned's presence on or about ICCV and agrees that ICCV Management, other representatives (collectively, the "Released Parties") shall have no liability for any such injuries, losses or damages. I have read and understand the contents of this instrument.
declare that I am over the age of 18 years, and that I am otherwise fully competent to sign this instrument on my own behalf, and on behalf of each of the minors listed below as his or her Parent and/or Legal Guardian.
Parent/Legal Guardian (sign here)

Print Childs name & Address:

•	Child 1- Print Name _	
•	Child 2- Print Name	

Child 3- Print Name _______

2	Street	
_	36, 666	

o City

o State _____

o Zip Code ______

Parent/Legal Guardian (sign here)	
Print Name	

Nate: