## بسم الله الرحمن الرحيم



## **Sunday School**

C/o Northwest Islamic Center

Building Iman and Character with Islamic Education

## **Registration Form**

Name of Student		Date of Birth (m/d/y)	<u>Age</u>	M/F
1		(III/d/y)		-
2				
3				
4				
Father's Name:				
Mother's Name:				
Home address: Street' Name				
City Sta	ate	Zip code		
Phone #: Home ( )		_ Cellular ( )		
E-mail address (important, please write clearly)				
Is your child allergic to food, Yes or No, (please circle one)? If yes, please explain below:				
Persons (other than parents) authorized to take your child home:				
Name:	_ Phone # (	)	_Relationship	
In case of emergency, contact:				
Name:	_ Phone # (	)	_Relationship:	
Parent's/Legal guardian's signature		_	today's Date	