



Masjid Al-Aqsa

Summer Camp Registration Form

Parents/Guardian Information	Emergency Contact
Parent/Guardian Name: _____	Emergency Contact Name _____
Full Address _____	Home Phone # _____
Home Phone # _____	Mobile # _____
Mobile # _____	Work # _____
Work # _____	Doctors Name _____
Email Address _____	Doctors Phone # _____

Number of children being registered _____

Registration Details:					
Student Name:	DOB	Health Card #	Gender	Enrollment Type	Previous Islamic Education
	dd/mm/yy		Male/Female	New/Re-Enrolling	

Describe any medical condition that we should know about:

Waiver: I hereby freely release, waive and hold harmless Masjid Al-Aqsa, its Directors, Teachers and other staff from any liability claims related to personal injuries sustained while enrolled in the program or using the facilities. I have read and understand this waiver.

Parent/Guardian Signature: _____ Date: _____

Registration Fees: \$120.00 - 1 child only, \$100.00 each for 2 or more children

Total: \$ _____

NOTE: Please follow one of the payment methods below:

Method of Payment:

E-transfer – Please send payment to info@masjidalaqsa.com

Credit Card – Please fill section below

Card # _____ Expiry Date: _____ Security Code: _____

Card Holder's Name: _____

Card Holder's Signature: _____

Cash (Must be paid directly to Masjid Office)

Cheque (Make payable to Masjid Al Aqsa)

For Official Use Only

Date Received _____

Approved _____

Class _____

Family _____

For more information

Contact the Masjid office @ 905-686-7878

Masjid Al-Aqsa # 43 Station Street, Ajax ON L1S 1S2

Email: info@masjidalaqsa.com