



# LIMRA ISLAMIC CENTER

21971 Windover Drive, Broadlands, VA 20148

Phone: 312-545-2033 | O: 571-525-8628 Email: [anajma@limraic.com](mailto:anajma@limraic.com)

[www.limraic.com](http://www.limraic.com)

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## Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B: \_\_\_\_\_

## Parents Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Email ID: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## Emergency Details:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Days Attending:

Mon:  Tue:  Wed:  Thu:  Fri:  Sat:  Sun:

Registration Fee: **\$25**

Late Fee **\$10** after 5<sup>th</sup>

Signature / Date

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