



Muslim Community Center of Richmond Hill [Baitul Gaffar Masjid]

86-81, 102 Street, Richmond Hill, NY, 11418

Telephone: (718) 616-8000

ISLAMIC SCHOOL REGISTRATION FORM

Days: Saturday, Sunday

Time: 10:30 AM - 1:30 PM

Student's Last Name:	FirstName:	Middle Initial
Date of Birth:	Gender:	
Mailing/Home Address:		
Email Address:		
Name of Parent/Guardian:		
Relationship to the Student:	Number Of Child(ren):	(OFFICIALS USE ONLY) Fee Received:

Emergency Contact Form

Please list the people you would like to be notified in case of emergency, including a local contact.

IN CASE OF EMERGENCY CONTACT:

Name & Relationship _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone (____)____-____ **Daytime Phone #** (____)____-____

The information requested on this card is confidential and for emergency use only. In the event of a medical emergency, this information will be used by authorized emergency personnel. Please be honest when completing all pertinent information.

In the case of emergency, I give permission for my information to be released to emergency personnel. I also agree that any of my emergency contacts listed on this card may be notified in an emergency, as needed.

Parent's Signature _____ **Date:** _____