



MAKTAB CLASS REGISTRATION FORM

Select One: **Weekday Program** (Mon-Thurs – 6pm-8pm)

Weekend Program (Fri 6pm-8pm & Sat 11am-1pm)

Monthly Fees: \$50-1 Child, \$80-2 Children, \$120-3 or more Children

\$40-1 Child, \$60-2 Children, \$90-3 or more Children

(PLEASE PRINT)

⇒ (1) Student First Name: _____ (1) Student Last Name: _____

Student Date of Birth (DD/MM/YYYY): _____ / _____ / _____ Male / Female: _____ Age: _____

Health Card Number: _____ Allergies: _____

⇒ (2) Student First Name: _____ (2) Student Last Name: _____

Student Date of Birth (DD/MM/YYYY): _____ / _____ / _____ Male / Female: _____ Age: _____

Health Card Number: _____ Allergies: _____

⇒ (3) Student First Name: _____ (3) Student Last Name: _____

Student Date of Birth (DD/MM/YYYY): _____ / _____ / _____ Male / Female: _____ Age: _____

Health Card Number: _____ Allergies: _____

⇒ (4) Student First Name: _____ (4) Student Last Name: _____

Student Date of Birth (DD/MM/YYYY): _____ / _____ / _____ Male / Female: _____ Age: _____

Health Card Number: _____ Allergies: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Email: _____

Father's First Name: _____ Father's Last Name: _____

Phone Number: _____

Mother's First Name: _____ Mother's Last Name: _____

Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

I certify the information on this form is complete and accurate. I understand and agree that the schools Teacher/Management will not be responsible for students before and after school hours.

Signature: _____ Date: _____