



# **ISLAMIC ARABIC WEEKEND SCHOOL**



## **Registration Form 2010/2011**

### **❖ Child's Information**

Name: \_\_\_\_\_ Female/Male \_\_\_\_\_  
 Date of Birth: (dd/mm /yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Allergies: **Yes (please state):** \_\_\_\_\_ **No**  
 Local School \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

### **❖ Contact Information**

Father's Name: \_\_\_\_\_  
 Phone: (H) \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_  
**Father's E-mail address:** \_\_\_\_\_

Mother's Name: \_\_\_\_\_

----- Note: Leave blank if the phone numbers are the same as above. -----

Phone: (H) \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### **❖ Emergency Contact Information**

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W): \_\_\_\_\_  
 (C): \_\_\_\_\_ Health Card No.: \_\_\_\_\_  
**Family Physician & Phone Number:** \_\_\_\_\_

**Fees: 180 \$ / 1<sup>st</sup> & 2<sup>nd</sup> Child/Year      3<sup>rd</sup> Child +: 1/2 fees/child/Year**

**NOTE: Ask for Assessment Forms, if for any reason you are unable to pay the full amount of Fees.**

**Please make cheques payable to: Islamic Association of Saskatchewan Inc.**

<b><u>FOR ADMINISTRATION USE ONLY:</u></b>	
PAYMENT METHOD: CHEQ _____ CASH _____	DATE PAID: _____
Amount Paid: -----	Amount Due: -----
Administration Notes: _____	