

Islamic Society of Kingston

EVENING SCHOOL

MONDAY to FRIDAY

ASR to MAGRIB

Sorry! 5 to 16 years old only

Registration Form

All information is for our records and will be kept confidential

Child's Name:.....

Address:.....

Date of Birth:.....Sex.....

Health Card #.....

Medical Conditions or Allergies.....

Father's Name:.....

Mother's Name:.....

Telephone Number (Home): Telephone Number (Work):

IN CASE OF EMERGENCY, if parents or guardians are unavailable, please provide name and telephone number of a close contact:

Name:.....Telephone:.....

Relationship to child(ren):.....

Acknowledgement

Activity programs may present various elements of risk. All reasonable precautions will be taken to ensure the safety of your child(ren) and prevent personal injury. However, incidents related to such activities may occur and cause injury, damage or loss of property through no fault of the Islamic Society of Kingston. The Islamic Society of Kingston is therefore absolved from all responsibility for personal injury, loss or damage. I have read and understand this waiver.

Parent/Guardian Signature.....Date.....



Please mail registration forms to this address or drop off in our mail box:

Islamic Society of Kingston

1477 Sydenham Road, Kingston ON K7M 4V4

Alternate: Box 2021, Station MAIN,

Kingston, ON K7L 5J8 Phone: 613-542-9000