

STUDENT REGISTRATION FORM

SI ODLINI SIMME	First Name	Mic	ddle Name	Last Name	
				/	
	No Stree	et		Apt #	
		/	/		
	City/Town	/Province	2	Postal Code	
STUDENT's TELEI	PHONE ()	<i>EM</i>	1AIL		
DATE OF BIRTH	/ /	PLACE OF	F RIRTH	/	
	dd mm yyyy		City	/Country	
		GE AS OF July 1st:		ADE:	
LANGUAGES SPO ARENT AND/C	KEN AT HOME: DR GUARDIANS	S INFORMATION	/	ADE:	
LANGUAGES SPO ARENT AND/C	KEN AT HOME: DR GUARDIANS	S INFORMATION	/	ADE: Last Name	
LANGUAGES SPO ARENT AND/C MOTHER's NAME	KEN AT HOME: DR GUARDIANS First Name	S INFORMATION Mi	 /		
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LANGUAGES SPO ARENT AND/C MOTHER's NAME FATHER's NAME EMERGENCY In the case of an e or the person signi	KEN AT HOME: DR GUARDIANS First Name First Name CONTACT INF mergency, the school ing this form:	S INFORMATION Mi Mi	iddle Name	Last Name Last Name	

MEDICAL INFORMATION

FAMILY DOCTOR'S NAME ______ TEL(______

Are there any particular medical problems your child may be experiencing which his/her teacher should be aware of?

Physical Disability_____ Learning Disability_____ Diabetes_____ Epilepsy_____ Allergy_____

Are there any restrictions that the school staff should be aware of? (E.g. food, activities to avoided?)

Other medical conditions such as a serious heart condition, blood disorder, immune system disorder or any other serious chronic conditions, which will need school staff attention:

STUDENT HEALTH CARD NO _____

DECLARATION

I recognize that a risk of injury or potential health risks may be in the participation in the above named program/activity. I hereby willingly assume such risk of injury or health risks for the above named person for whom I am in law responsible and assume full responsibility during and after their participation in the program. The NAMF Summer Islamic School cannot be responsible for risk willingly assumed, and I therefore hereby release and forever discharge the North American Muslim Foundation from all actions, damages, claims and demands whatsoever arising by reason of participation in the program or any of its associated activities. I have read, understood and agree to the contents of this Consent in its entirety. Any summer fees paid will not be refunded.

Name of Parent/ Guardian		Signature		Date	
	FOR OFFICE	USE ONLY			
Date Application received:/	/ mm yyyy				
Date Application Approved:dd	_// 	Tuition Fee: _	Cash		isa
Authorized byName		Signature		Date	

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