



MUSLIM SOCIETY OF WATERLOO & WELLINGTON COUNTIES
213 Erb St. West, Waterloo, Ontario, Canada N2L 1V6, 519-886-8470

Weekend Islamic School Registration Form 2008-2009

Child 1

Name----- (Last) ----- (First)----- (M)

Date of Birth _____ Age _____
Day Month Year

OHIP NO: _____ Family Physician _____

Child 2

Name----- (Last) ----- (First)

Date of Birth _____ Age _____
Day Month Year

OHIP NO: _____ Family Physician _____

Child 3

Name----- (Last) ----- (First)

Date of Birth _____ Age _____
Day Month Year

OHIP NO: _____ Family Physician _____

Parent/Guardian's Name _____ Tel No: _____

Address _____

Email: _____

Emergency Contact:

1. _____
Name Telephone No:

2. _____
Name Telephone No:

Previous level attended at the Masjid/ teacher's name _____

New Student (Please list any Islamic education) _____

Total Fee: _____ Method of payment _____

Limit of Liability /Disclaimer: As a condition of y participation in any Waterloo Masjid activity, I agree to assume the risk of injury for my children, arising from use of the facilities, programs and equipment. I hereby release and hold the Muslim Society of Waterloo and Wellington Counties and its officers, Board, employees, agents and volunteers and contractors harmless form all claims of injury or damage, however it may be caused.

Parent Signature _____ Date _____

