



# Islamic Community Center of Milton

## Student Registration Form

<input type="checkbox"/> Full-Time Hifdh Program	<input type="checkbox"/> Summer Hifdh Program	<input type="checkbox"/> Weekdays Evening Quran Program	<input type="checkbox"/> Young Muslims Academy
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### Student Information

**Student Name:**

First Name

Middle Name

Last Name

**Gender:**  Male  Female

**Grade:**

**Date of Birth (dd/mm/yyyy):**

**Street Address:**

**City:**

**Province:**

**Postal Code:**

**Health Card:**

Number

Version

Expiration Date

### Parents/Guardian Information

**Father:**

First Name

Middle Name

Last Name

**Occupation:**

**Work Telephone #:**

**Ext:**

**Home Telephone #:**

**Cell #:**

**Email:**

**Mother:**

First Name

Middle Name

Last Name

**Occupation:**

**Work Telephone #:**

**Ext:**

**Home Telephone #:**

**Cell #:**

**Email:**

### Emergency Contact Information

Please Note: An emergency contact person must be someone other than the parents. It should be neighbor or friend that can take your child in the event that we are unable to contact the parents.

**Name:**

**Relationship:**

**Home/Work Tel. #:**

**Cell #:**

**Address:**

I hereby release ICNA Milton and its employees from all claims for damage arising from any activity, accident or injury which is caused by or arises from participation of the applicant (s) names herein, during any program or in any facility where the program is held.

I have read and understood the above mentioned rules and regulations and agree to abide by them.

**Parent/Guardian Signature:**

**Date (dd/mm/yyyy):**