**Women - Weekend**

**2017- 2018**

**PLEASE PRINT CLEARLY**

Parent/Guardian full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_

Emergency contact name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Name of Student (First and Last Name)** | **Age** |
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**Fees:** Quran: $20/month Al-Noraniah: $ 20/month

Amount paid: …… Cash ( ) Cheques ( ) Entract/Visa ( )

Fees partially cover the cost of the program. MIA members receive 10% discount

**NOTES:** (Please note allergies, etc… use back of page if necessary)

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As per MIA’s Child Policy (available in the office) you must **walk your child to class and hand him/her over to the teacher (sign-in)** and **pick your child up from inside** the class **(sign-out)**.

**DO NOT DROP YOUR CHILD OFF OUTSIDE THE MASJID.**

MIA requires parental consent for the release of your child's photograph, video clips or comments in activities that she/he may participate in through the program.

\_\_\_\_\_\_YES \_\_\_\_\_\_NO I give my consent for the publication of my child's photograph, video clips or comments for purposes consistent with the above. (Note: Names will not be used.)

By signing this form I agree to all of the above policies and will adhere to them.

Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY:**

Student’s Level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_