Every Saturday & Sunday 2 hours (9am – 12 pm)

**2018-2019**

**PLEASE PRINT CLEARLY**

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_ Street address: (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_

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

Fee: $40/ month /person Amount Paid: ……. Cash ( ) Cheque ( ) Credit Card ( )

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

**NO ONE WILL BE TURNED DOWN DUE TO LACK OF FUNDS.**

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

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

MIA staff is only **responsible for your child 5 minutes before and after class time**. 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** and **pick your child up from inside** the Masjid.

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

If you may not be picking up your child yourself, we can only release your child to people you specifically designate. Please indicate up to two (2) people, besides yourself, to whom we may release your child.

1. Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_