

# West End Islamic Center

4161 Sladeview Crescent, Units #11-13, Mississauga, Ontario L5L 5R3

TEL: (905) 369-WEIC (9342) FAX: (905) 369-9343

## Registration Form

### **FULL TIME (Morning) HIFZ PROGRAM**

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M

Name of Parent / Guardian: (Father) \_\_\_\_\_  
(Mother) \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone No. (H) \_\_\_\_\_ Cell No. \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ Cell No. \_\_\_\_\_

#### TIMINGS

MON – THU: 9:00 AM to 3:00 PM  
FRIDAY: 9:00 AM to 12:00 Noon

### HADIYAH (NON-REFUNDABLE)

School year: September to June

Monthly / Child - \$250.00

#### FOR OFFICE USE

Date	Cash / Cheques	Receipt No.	

Child's OHIP No: \_\_\_\_\_

List any medical conditions we should be aware of:

### CONSENT

We, the parent/ guardian of the above named child, hereby release the W.E.I. Center from all claims for damage arising from any incident or injury which is caused by or arises from participation of the applicant(s) named herein during any program or in any facility where the program is held. We also authorize the W.E.I Center to take my child to a Doctor/Hospital in case of emergency, in case the parent/ guardian cannot be contacted or fails to arrive to the W.E.I. Center within a reasonable time.

Legal Guardian (s) Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_