

West End Islamic Center

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

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

Registration Form Regular Qur'an Classes

Tues-Fri 5-6 PM
 6-7 PM
 7-8 PM
 Sat-Sun: 2-4 PM

Name of Student: _____

Date of Birth: _____ Age: _____ Gender: M / F

Name of Parent / Guardian: (Father) _____
 (Mother) _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone No. (H) _____ Cell No. _____

Emergency Contact Name: _____

Telephone No. (H) _____ Cell No. _____

HADIYAH (NON-REFUNDABLE)

| No. of Children | Yearly | Half Yearly | Four Installments | Pre Authorized Payment* (12 Months) *This option is applicable after 6 months |
|-----------------|--------|----------------------|----------------------|--|
| One | \$550 | \$280 x 2 Cheques | \$150 x 4 Cheques | N/A |
| Two | \$1000 | \$500 x 2 Cheques | \$260 x 4 Cheques | \$90 / Month Or Post dated Cheque |
| Three | \$1400 | \$700 x 2 Cheques | \$360 x 4 Cheques | \$125 / Month Or Post dated Cheque |

| 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: _____