



West End Islamic Center

4161 Sladeview Crescent Unit #12-13, Mississauga, Ontario, L5L 5R3

Tel: (905) – 369 – WEIC (9342)

Web: weicenter.ca

Registration Form (B) For Additional Children

Quranic Summer School - Monday to Thursday

Name: _____

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

Name of Parent / Guardian: (Father) _____

(Mother) _____

Medical:

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 centre 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 centre 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 center within a reasonable time.

Legal Guardian (s) Name: _____

Signature: _____ Date: _____