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 - 2022

Monday - Friday 9:00 AM - 3:00 PM

Morning Hifz Programme (Tahfiz-ul Quran Class)

Name of Student:								
Date of Birth:		Age:						
Name of Parent / Guardia	n: (Father)							
	(Mother)							
Address:		<u>.</u>						
City:	Province: _	Postal Code:						
Tel. No. (Father)		Tel. No. (Mother)						
Emergency Contact Nam	e:							
Telephone No. (H)		Cell No						
Child's OHIP No:		<u></u>						
List any medical condition	ns we should be	aware of:						
	<u>C</u>	ONSENT						
arising from any incident or in during any program or in any f	jury which is caused acility where the prog emergency, in case t	d, hereby release the W.E.I Center from all claims for damage by or arises from participation of the applicant(s) named herein gram is held. We also authorize the W.E.I Center to take my child the parent/ guardian cannot be contacted or fails to arrive to the						
Legal Guardian (s) Name:								
Signature:	ature: Date:							
HADIYAH (NO		: Please contact WEI office administration						

FOR OFFICE USE ONLY:

Date	Cash/Cheque	Receipt No.	No. of Months	Period From-To	Date	Cash/Cheque	Receipt No.	No. of Months	Period From-To