West End Islamic Center

4161 Sladeview Crescent, Units #11-13, Mississauga, Ontario L5L 5R3
TEL: (905) 369-WEIC (9342) FAX: (905) 369-9343

Monday – Friday
5:00 – 8:00 PM DST
4:30 – 7:30 PM EST

Registration Form

Evening Hifz Programme (Tahfiz-ul Quran Class)

Name of Student: _____

Date of Birth: _____ **Age:** _____

Name of Parent / Guardian: (Father) _____.

(Mother) _____.

Address: _____.

City: _____ **Province:** _____ **Postal Code:** _____.

Tel. No. (Father) _____ **Tel. No. (Mother)** _____.

Emergency Contact Name: _____.

Telephone No. (H) _____ **Cell 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:** _____

HADIYAH (NON-REFUNDABLE): Please contact WEI office administration

FOR OFFICE USE ONLY:

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

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