



In The Name Of Allah, Most Gracious, Most Merciful

المعهد الإسلامي في تورنتو

Islamic Institute of Toronto

Education for Virtuous Living

WEEKDAY QURAN PROGRAM FOR CHILDREN REGISTRATION FORM

Parent _____

Name(s) _____

Address _____ City _____

Postal code _____ e-mail _____

Tel. (home) _____ Tel. (work) _____ Tel. (mobile) _____

Child _____

Name _____ Age _____ Boy Girl

Name _____ Age _____ Boy Girl

Name _____ Age _____ Boy Girl

Name _____ Age _____ Boy Girl

Name _____ Age _____ Boy Girl

Name _____ Age _____ Boy Girl

Please check www.islam.ca and your e-mail for class-cancellation notices before coming to class

Payment _____

Fee: \$20/month per child

Office use only

<input type="checkbox"/> Jan received:	cheque #:	<input type="checkbox"/> Feb received:	cheque #:
<input type="checkbox"/> Mar received:	cheque #:	<input type="checkbox"/> Apr received:	cheque #:
<input type="checkbox"/> May received:	cheque #:	<input type="checkbox"/> Jun received:	cheque #:

Liability form _____

I hereby release the Islamic Institute of Toronto from all claims for damages arising from any accident or injury from participation of the student applicant above named in the program.

Parent/guardian signature _____