

Muslim Club Summer Camp Registration form

PHONE: (909)-900-7305

EMAIL: rocknsoheir@daraltaqwa.org

Parent/Guardian Name: _____
Relationship to Student: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Emergency Information:

Alternate Contact: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Name of Student 1: _____
Gender: _____ Date of Birth: _____
Behavioral Issues: _____
Allergies and/or other Health Issues: _____

Name of Student 2: _____
Gender: _____ Date of Birth: _____
Behavioral Issues: _____
Allergies and/or other Health Issues: _____

Name of Student 3: _____
Gender: _____ Date of Birth: _____
Behavioral Issues: _____
Allergies and/or other Health Issues: _____

Parent Name:

Parent Signature:

IVIS Khatma Program Registration form

Parent/Guardian Name: _____
Relationship to Student: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Emergency Information:
Alternate Contact: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Name of Student 1: _____
Gender: _____ Date of Birth: _____
Behavioral Issues: _____
Allergies and/or other Health Issues: _____

Name of Student 2: _____
Gender: _____ Date of Birth: _____
Behavioral Issues: _____
Allergies and/or other Health Issues: _____

Name of Student 3: _____
Gender: _____ Date of Birth: _____
Behavioral Issues: _____
Allergies and/or other Health Issues: _____

Parent Name:

Parent Signature:
