



Fees Paid: \_\_\_\_\_ Left: \_\_\_\_\_ Snack \_\_\_\_\_

## Summer/Weekend Islamic School

### Parent's Information

Registration form

<b>Father's Name</b>			
<b>Mother's Name</b>			
<b>Home Phone</b>		<b>Other Phone</b>	
<b>Home Address</b>			
<b>e - Mail Address</b>			

### Student's Information

	Student's Name	Age	Gender	Date of Birth	Health Issues (Explain)
1					
2					
3					
4					
5					
6					
7					
8					

**By filling and signing this form I do understand that I will not bring any harm to the Islamic Center of Greater Austin and its Summer and Weekend Islamic School staff and participants in the event of accidental harm to my child or loss of any kind.**

**Parent's/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_