



I.E.G. Center

المركز الإسلامي للتعليم والإرشاد

Islamic Education Guidance Center
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Toronto, Ontario
Canada M9N 2B3
Phone: 416-242-9996
Fax: 416-242-9996
www.islaamcenter.com

OFFICE USE ONLY.		Date: _____
REGISTRATION FEE: \$35.00	Paid () Owing ()	(Non-refundable)

Each child's Fee	Choose Days	Choose Time	Check	None Refundable
MONTHLY FEE: \$60.00	(Sat, Sun)	9:00am - 11:55am	()	(Non-refund)
MONTHLY FEE: \$60.00	(Sat, Sun)	12:30pm - 2:55pm	()	(Non-refund)
MONTHLY FEE: \$60.00	(Sat, Sun)	3:30pm - 5:55pm	()	(Non-refund)
MONTHLY FEE: \$60.00	(Tue, Wed)	5:00PM - 7:15pm	()	(Non-refund)
MONTHLY FEE: \$110.00	(Mon To Thu)	5:00PM - 7:15pm	()	(Non-refund)

PERSONAL INFORMATION:

STUDENT'S LAST NAME: _____ STUDENT'S FIRST NAME: _____

STUDENT TO ATTEND LEVEL: _____ NEW () EXISTING ()

DATE OF BIRTH: / DD / MM / YYYY GENDER M () F ()

STREET ADDRESS: _____

CITY: _____ PROVINCE: _____ COUNTRY: _____ POSTAL CODE: _____

HOME PHONE #: _____ WORK / CELL #: _____

HEALTH INFORMATION:

HEALTH CARD NUMBER: _____ / _____ / _____ ()

HEALTH PROBLEMS FOR ALLERGIES: _____

DOCTOR'S NAME: _____ PHONE #: _____

IMPORTANT NOTICE:

PLEASE READ CAREFULLY: Does your child he/she has any sensitivity to anything that is allergic? Or are there any Drugs that he/she takes? Does your child have any special conditions? If Yes, Please Give us details: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ PHONE #: _____

STUDENT'S PARENTS:

FATHER'S NAME: _____ MOTHER'S NAME: _____

PARENT / GUARDIAN SIGNATURE _____ DATE _____