



# The Sunatul Jamaat of Ontario, Canada

347 Danforth Rd, Scarborough, ON M1L 3X8

416-690-2298

**(1) Evening Madrassah (ages 5-15) \$60/m**

**(2) Evening Hifz (\$60/m)**

**PARENT/GUARDIAN - CONTACT INFORMATION**

(1) *Father's First Name:* \_\_\_\_\_ *Father's Last Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Home Phone* (\_\_\_\_) \_\_\_\_\_ *Cell Phone* (\_\_\_\_) \_\_\_\_\_ *E-mail:* \_\_\_\_\_

(2) *Mother's First Name:* \_\_\_\_\_ *Mother's Last Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Home Phone* (\_\_\_\_) \_\_\_\_\_ *Cell Phone* (\_\_\_\_) \_\_\_\_\_ *E-mail:* \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

(1) *First Name:* \_\_\_\_\_ *Last Name:* \_\_\_\_\_

*Home Phone* (\_\_\_\_) \_\_\_\_\_ *Cell Phone* (\_\_\_\_) \_\_\_\_\_ *Relation to student:* \_\_\_\_\_

*Email:* \_\_\_\_\_

**STUDENT INFORMATION**

Student Name <i>First Name / Last Name</i>	DOB <i>DD/MM/YYYY</i>	Health Card#	Gender M/F	Allergies / Health Concerns	Course #

Waiver: I agree to release The Sunatul Jamaat of Ontario, Canada, its employees, officers, directors, volunteers, etc., and will hold them harmless and/or unaccountable from any liability which may arise from incidents or accidents involving my child/children and myself while on The Sunatul Jamaat of Ontario, Canada premises.

I have read, understood, and agree to the waiver and conditions on this form.

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