

ISLAMIC CENTER OF WESTON - ICW
WEEKEND QURAN CLASS REGISTRATION FORM
1516 Weston Road, Weston, FL 33326

STUDENT INFORMATION

Name: _____ Grade: _____ Male Female
(First) (Middle) (Last)

Name: _____ Grade: _____ Male Female
(First) (Middle) (Last)

Name: _____ Grade: _____ Male Female
(First) (Middle) (Last)

Name: _____ Grade: _____ Male Female
(First) (Middle) (Last)

FAMILY INFORMATION

Parent Name: _____ Email: _____
(First) (Middle) (Last)

Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Home Cell Alt. Phone: _____ Home Cell

Primary Language used at Home _____ Secondary Language used at Home _____

ACADEMIC HISTORY

Has the student ever attended Islamic or Quran Reading/ Studies before? Yes No

Has the student ever studied the written Arabic language? Yes No

(If yes, please explain) _____

Does the student have any special needs or goals? (If yes, please explain) _____

EMERGENCY CONTACT

Please list emergency contacts below. These individuals will also have authorization to pick up the student from school. In case of an Emergency, 911 will be called and your child will be taken to the nearest hospital.

Name: _____

Relationship: _____ Phone: _____

I the undersigned, parent or guardian release Islamic Center of Weston, their respective agents, officers, employees and volunteers from any liability, including injuries or illnesses, which may result from my child's participation in this Weekend School program and waive any claims related thereto.

Print Name: _____ SIGNATURE _____ DATE: _____