

There is a one-time Registration fee \$50.00



NICC Registration Form For Quran Hifz Class

Child

First _____ Middle _____ Last _____
Gender: Male __ Female __
School Name _____ Grade _____ Birth date ____/____/____ Age _____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State ____ Zip Code _____ Home Phone _____
Work Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address. _____
Town/City _____ State ____ Zip code _____ Home Phone _____
Daytime Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____
Child lives with: _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email _____ Relation to child _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem

Required treatment

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, Explain:

In case of medical emergency contact:

| | Name | Phone # | Relationship to Child |
|------------|------|---------|-----------------------|
| Contact #1 | | | |
| Contact #2 | | | |
| Contact #3 | | | |

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services, in the event my child is injured or becomes ill.

Parent's/Guardian's Initials

I understand that Niagara Islamic Community Center will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility of parent/guardian.

Parent's/Guardian's Initials

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during NICC term attendance. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of The Niagara Islamic Community center.

Parent's/Guardian's Initials _____

Hours of Operation:

Hifz Class: Monday-Friday 5-8:30pm

Adult Convert Education Classes: Sat & Sun 1:30-3:30pm

Guardian Signature: _____ **Date:** _____

Printed Name of Parent/Guardian: _____