## مركز الصراط المستقيم الإسلامي

## The Straight Path Islamic Center

## Nurturing the future generations upon the light of Islam

Tel: (416)786-4947 website www.thestraightpath.ca Email: info@thestraightpath.ca

## **ADMISSION FORM**

The child mus		ages of 5 years	to 17 years of ag	e, and must displa	,	~ 5:00 pm - 7:00 pm
			t assistance. This	is a must upon enr	olment!	
	mation- Please Pr		T .	5	. 15 .	
Last Name	First Name	M/F	Age	Birth da (dd/mm/		Islamic Education?
Last Name	First Name	M/F	Age	Birth da (dd/mm/		Islamic Education?
Last Name	First Name	M/F	Age	Birth da (dd/mm/		Islamic Education?
Family Inform	nation- please prin	nt Clearly				
Fathers Name				Mothers Name (optional)		
Address				Postal Code		
City				Home phone		
Emergency contact Name relation:				Contact #		
Allergies / n	nedical conditio	ons: please s	pecify in detai			
release <b>The S</b> it to the child/colleave early or enrolled child writing, of any	traight Path Islami children while he/s arrive late withou / children are pun	ic Center and in the is at any exc t a written and ctually brought ailing address	ndividuals, from cursion or after the signed note from and picked up of the contact Nu	liability in the even ne teaching hours. n the parent/ guard n time. I (we) agree Imber(s). I (we) agr	t of personal injo Students will no dian. I (we) agre e to inform the n	e to see that my
Signature of <b>For Office Use</b>	f parent/ Guardian e <b>Only</b>	Name	e of Parent/ Guardian	(please print)	,———	(DD/MM/YY)
Registration C Admission For		Pre- authoriz	ed Payment for v	vith Void Cheque	Registration F	-ee
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