



# ISOC Summer Camp 2016

## Parent/Guardian Information:

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Father/Guardian's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. Num.: \_\_\_\_\_

City: \_\_\_\_\_ Province: ON Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ (This is important for weekly updates on activities)

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

## Emergency Contact Information: (other than above individuals)

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Contact Number: \_\_\_\_\_

## Child(ren)'s Information:

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

Gender:  Male  Female Current Age: \_\_\_\_\_ Day school attended: \_\_\_\_\_

2) First Name(s): \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Male  Female Current Age: \_\_\_\_\_ Day school attended: \_\_\_\_\_

3) First Name(s): \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Male  Female Current Age: \_\_\_\_\_ Day school attended: \_\_\_\_\_

Medical Problems (Allergies/illnesses/medication): \_\_\_\_\_

## Preferred Payment Method:

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\$ 300 / 4 Weeks

\$ 100 / week

Which weeks will your child attend the summer camp:

July 11-14

July 18-21

July 25-28

Aug. 1-4

Parents are kindly requested to drop off their children by 9:00 AM at the school entrance and pick them up after Dhuhr Salaah at 2:00 PM **from Hall A. Please don't take your children directly from the masjid and without informing the co-ordinators.**

Weekly activity schedules will be sent by email to all parents.

Any suggestions or for more information please don't hesitate to email fgaya@isocambridge.com

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_