



HOMework PROGRAM REGISTRATION FORM

Parents Information:

Father's First Name: _____ Last Name: _____

Mother's First Name: _____ Last Name: _____

Address: _____ City: _____ Prov: ON Postal Code: _____

Email: _____ Mother's Cell #: _____ Father's Cell #: _____

Emergency Contact Information: (other than above individuals)

1: Full Name: _____ Contact #: _____ Relation: _____

2: Full Name: _____ Contact #: _____ Relation: _____

Student(s) Information:

1) First Name: _____ Last Name: _____ DOB: _____ Sex: M F

Grade in Sept 2021: _____ School Currently Attending: _____

2) First Name: _____ Last Name: _____ DOB: _____ Sex: M F

Grade in Sept 2021: _____ School Currently Attending: _____

3) First Name: _____ Last Name: _____ DOB: _____ Sex: M F

Grade in Sept 2021: _____ School Currently Attending: _____

4) First Name: _____ Last Name: _____ DOB: _____ Sex: M F

Grade in Sept 2021: _____ School Currently Attending: _____

Medical Problems (Allergies/Illnesses/Medication): _____

I understand and affirm that:

I (parent/guardian) will punctually pick up student(s) at the appropriate time. I affirm that there will be no supervision before or after the program times (3:30pm – 5:30pm). If you will be late picking up students(s), please call 519-740-6855 ext. 313. The Islamic Centre of Cambridge will not be held responsible for any accidents that may occur.

Parent/Guardian Name: _____ Signature: _____ Date: _____