Islamic Center of San Gabriel Valley
Quran Academy
Quran Recitation & Memorization
Registration Form

19164 E. Walnut Drive North, Rowland Height CA 91748
Ph. (626) 964-3596 Fax (626) 965-5368

Date:_____

Please print the information below:

1) Student's Last Name:_____ First Name:_____ Age:_____

2) Student's Last Name:_____ First Name:_____ Age:_____

3) Student's Last Name:_____ First Name:_____ Age:_____

Mother's Name:_____ Father's Name:_____

Street Address: Apt / Unit # City: ZIP:

Home Ph. #:_____ Mother's Mobile:_____ Father's Mobile:_____

Parent's Email:_____ Student's Email:_____

Names of Persons Authorized to pick up the child in Emergency

Name:_____ Address:_____

Phone#_____ Driver's Lic#:_____ Relationship: _____

Name:_____ Address:_____

Phone#_____ Driver's Lic#:_____ Relationship: _____

Name:_____ Address:_____

Phone#_____ Driver's Lic#:_____ Relationship: _____

PERMISSION AND WAIVER OF ALL CLAIMS AGAINST Islamic Center of San Gabriel Valley

Your signature below will give permission for your child to participate in all program activities within the premises of Islamic Center of San Gabriel Valley (ICSGV) or outside activities held in conjunction with Quran School. It will also wave all the claims against ICSGV for injury, accident, illness, or death during any such activities.

X_____.
Signature of Parent/Guardian

********** Donation (if applicable)**********
[ ] One Time [ ] Monthly

Amount Donated: _____ Date Received:_____

[ ] Cash [ ]Check No.: _____ Received by:_____

Rev. 6-9-06