



School Registration Form

Child Information			
		M	F
Child's Name _____		Date of Birth _____ Sex _____	
Parent/Guardian Information			
Parent's/Guardian's Name _____		Parent's/Guardian's Name _____	
([]) _____	([]) _____	([]) _____	([]) _____
Home Phone _____	Work Phone _____	Home Phone _____	Work Phone _____
Address _____		Address _____	
City, ST ZIP Code _____		City, ST ZIP Code _____	
Emergency Contacts			
Primary Emergency Contact _____		Secondary Emergency Contact _____	
([]) _____	([]) _____	([]) _____	([]) _____
Home Phone _____	Work Phone _____	Home Phone _____	Work Phone _____
Address _____		Address _____	
City, ST ZIP Code _____		City, ST ZIP Code _____	
Learning Program			
<input type="checkbox"/> After School Program		<input type="checkbox"/> Juz 'Amma Memorization	
<input type="checkbox"/> Islamic Friday School			

Parent's/Guardian's Signature _____

Date _____

ISWC Office Use Only	
Registration Date _____	Registration Number _____