

ISTABA SUMMER CAMP 2009

Registration Form

Please check if additional hours needed. Additional fees apply.

Early Bird 7:30-9 AM

Dar UI-Uloom 3:30-5:30 PM

Student's Name: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Sex: Male Female Age: _____ Date of Birth: _____

Primary Language: _____ Secondary Language: _____

Does student have any medical conditions the school should be aware of? NO YES If yes, what are they?

Is student taking any regular medication? NO YES If yes, which?

Does student have allergies to specific foods, plants, medications, etc.? NO YES If yes, what are they?

Emergency Contacts:

Father's Name: _____

Mother's Name: _____

Home Tel. #: _____ Email: _____

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

Father's Work #: _____ Mother's Work #: _____

Emergency Contacts:

1. _____ - _____ - _____
Name Tel No. Relationship to Child

2. _____ - _____ - _____
Name Tel No. Relationship to Child

3. _____ - _____ - _____
Name Tel No. Relationship to Child

Persons Authorized to Pick -up Child:

1. _____ - _____ - _____
Name Tel No. Relationship to Child

2. _____ - _____ - _____
Name Tel No. Relationship to Child

3. _____ - _____ - _____
Name Tel No. Relationship to Child

Parent's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Group: _____ Registration Date: _____ Date Fee Paid: _____ Amount: _____

Payment Method: _____ Waiting List: _____ Date Contacted: _____