

**The Islamic Center of South Bay-IA**  
25816 Walnut St., Lomita, CA 90717 · Tel: (310) 534-1363 · Fax: (310) 534-0675

**AL-NOOR WEEKEND SCHOOL PROGRAM**  
**REGISTRATION FORM**

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

**Parent Information:**

Name of Father \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Tel (Home): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Tel (work): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail (home) \_\_\_\_\_

Name of Mother \_\_\_\_\_

Tel (home): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Tel (work): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

<b>Child:</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	<b>Age</b>	<b>Last grade</b>
1) Name	_____	_____	_____	_____	_____	_____
2) Name	_____	_____	_____	_____	_____	_____
3) Name	_____	_____	_____	_____	_____	_____
4) Name	_____	_____	_____	_____	_____	_____

**Emergency Information:**

Does the child have any medical problems? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes then Please specify: \_\_\_\_\_  
\_\_\_\_\_

In Case Of Emergency:

Name of the person to be contacted: \_\_\_\_\_

(Tel): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Fee Schedule:**

Saturday and Sunday: \$40 /child / week

**Sign:**

Parent: \_\_\_\_\_ Administrator: \_\_\_\_\_

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