

**Islamic Association of Collin County**

**Summer School 2016 – Registration Form (Returning Students)**

6401 Independence, Plano, TX 75023, Phone: (972) 491-5800. email: IACCSummerSchool@planomasjid.org

Refer to Summer School flyer for the fees

Registration #: \_\_\_\_\_

Select Program(s):

<input type="checkbox"/> Regular Summer Program	<input type="checkbox"/> Summer Hifz	<input type="checkbox"/> Arabic	<input type="checkbox"/> Naazirah
	Option: 4day 6day	Level: Beg Inter	Time : 2pm 3pm 4pm 5pm
	Current Teacher Name:		Current Teacher Name:

Select which Session Student Will Attend:

<b>Summer 1 (June)</b>	<b>Summer 2 (July)</b>	<b>Summer 3 (Aug)</b>
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**STUDENT INFORMATION**

	First Name	Last Name	Current Program or Level
1			

**PARENT INFORMATION**

	First Name	Last Name	Cell Phone	E-mail
Father				
Mother				

Office Use Only:

	Cash Check Credit Card	Amount Paid: _____
		Check#/Credit Card# : _____

**Notes**

**Disclaimer**  
I, hereby, release the IACC Summer School, its agents, affiliates, partners, teachers, and volunteers of all liabilities of any possible injury to my child(ren) on or off the Masjid premises.

Parent Signature : \_\_\_\_\_

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