

Islamic Association of Collin County

Summer School 2016 – Registration Form (New 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

Select which Session Student Will Attend:

Summer 1 (June)	Summer 2 (July)	Summer 3 (Aug)
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STUDENT INFORMATION

	First Name	Last Name	Date of Birth	Gender: Male/Female	Program/Level
1					

Medical Conditons (write down **ANY** allergies):

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PARENT INFORMATION

	First Name	Last Name	Cell Phone	E-mail
Father				
Mother				

Home Address: Street: _____ City: _____ Zip Code: _____ Home Phone: _____

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Emergency Contact Name: _____ Phone: _____

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Office Use Only:

	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	Amount Paid: _____
	Check#/Credit Card# : _____	

Notes

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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: ____/____/____