

ISLAMIC CENTER OF PITTSBURGH

Weekend School 2009-2010 ENROLLMENT APPLICATION

| Child's Name | DOB | Age | Nick Name |
|--------------|-----|-----|-----------|
| 1 _____ | | | |
| 2 _____ | | | |
| 3 _____ | | | |
| 4 _____ | | | |

Father's Name: _____ Occupation _____

Mother's Name: _____ Occupation _____

Legal guardian (if different from parents): _____

Home phone number: () _____

Home Address: _____

Cell phone number and or e-mail: _____

In case of emergency call:

Name: _____ Phone: () _____

In case of injury do you agree that we take your child to C.H.P.?

() Yes

() No

Does your child have any medical problem?

() Yes

() No

If yes please list the medication that he/she is taking.

Does your child have any allergies?

Is there anything you want us to know about your child?

Signature of parent or legal guardian: _____ Date: / /

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Weekend School 2009-2010

I (your name) _____

Parent or legal guardian of (your child's name)

_____ **Age** _____

I have given my permission to the Islamic Center of Pittsburgh Weekend School 2009/2010 Staff to take my child whose name is written above to all Weekend school field trips.

I am aware that sending my child on the field trip days means that he/she will be going with the group to the field trip, I am also aware that if I do not want my child to go to any of the field trips I will keep him/her home.

Parents (or legal guardian) signature:

Date: _____