

Islamic Society of BC (ISBC) Muadh Ibn Jabal School Registration Form

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Email: ibnjabalschool@theisbc.ca

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|--|------------------|------------------------------|----------------------------|-----------|
| Student First Name | | | | |
| Ctudent | | | | |
| Student | | | ATTACH A PICTURE | |
| Last Name | | | OF THE STUDENT | |
| Date of Birth | | | (Width: 2in, Height: 2in) | |
| (MM-DD-YYYY) | | | | |
| (Min 22 TTT) | | | | |
| C: 1 10 1 | 0 0 111 1 | | | |
| Student Gender | Care Card Number | | | |
| | | | | |
| | | | | J |
| Home Address | | City | Province Po | stal Code |
| Home Add 633 | | Oity | | Stat Couc |
| | | BC | | |
| | | | | |
| | | | | |
| Mother's Name | | Mother's Phone No. | | |
| | | | | |
| | | | | |
| Father's Name | | Father's Phone | No. | |
| Taller & Halle | | Tuttlet 5 t Hotle 140. | | |
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| Frank Address for Donastina | | Language (a) Challan at Hama | | |
| Email Address for Reporting | | Language(s) Spoken at Home | | |
| | | | | |
| | | | | |
| Emergency Contact Name | | Emergency Contact No. | | |
| | | | | |
| | | | | |
| Family Doctor's Name | | Doctor's Phone No. | | |
| . a.m.y 2000. C Name | | | | |
| | | | | |
| Illness Condition/Allergies/Treatment | | | | |
| ittless Condition/Attergres/Treatment | | | | |
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| I, the undersigned Parent, accept the following Terms and conditions: | | | | |
| 1. Parents agree to <u>drop off and sign in</u> the child inside the Masjid building and <u>pick up</u> from inside the building. This is for safety | | | | |
| | | | | |
| and liability reasons and is not negotiable. | | | | |
| 2. Parents acknowledge that the gymnasium area is NOT supervised, therefore the ISBC hold no liability in case of any injury or | | | | |
| harm happen to their child(ren). | | | | |
| 3. In case of an emergency: the parents permit the ISBC to have an ambulance service take the child to health emergency facilities | | | | |
| in case the parents and emergency contact can not be reached. | | | | |
| in sade the parents and emergency contact can not be reached. | | | | |
| Foos: | | Parent Name | | |
| Fees: | | Farent Name | | |
| | | | | |
| Tuition Fee: FREE. | | | | |
| | | Date Signed (MM-DD-YYYY) | | |
| You may need to pay for study material only. | |] | • | |
| | | | | |
| | | <u>.</u> | | |
| | | Signature | | |
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