

REGISTRATION FOR- I.H.S. ISLAMIC DAY CAMP

81 Hollinger Cres. Kitchener, Ontario, N2K 2Y8

Tel:519-576-7111

Names of Children: _____, Birthday: (, ,) (mm/dd/yy)
_____, Birthday: (, ,) (mm/dd/yy)
_____, Birthday: (, ,) (mm/dd/yy)
_____, Birthday: (, ,) (mm/dd/yy)

Address: _____, City: _____, Ontario.

Postal Code: _____, Telephone #: _____ - _____ - _____.

Parent/ Guardian's name: _____.

Email: _____, Emergency #: _____ - _____ - _____.

I hereby allow my child/children to attend and partake in the Islamic Humanitarian Service day camp. I also acknowledge that the camp leaders, volunteers, staff, affiliates and the IHS itself are not responsible for any loss and/ or injury to my child/children for the duration of the camp.

Does your child (ren) have any medical condition that must be addressed? Yes
 No

Please specify which child and what is the medical condition _____

Signature of Parent/ Guardian: _____

At the I.H.S day camp, we will help your child achieve the Prophets' Sunnah! For the Prophet (SAWW) has been quoted saying, "Seek knowledge from the cradle to the grave".

Office Use Only –Payment Received

Amount	Date	Type (Cash , Cheq , Debit/Credit)	Number of Weeks
_____	_____	_____	_____
_____	_____	_____	_____