



SCARBOROUGH MUSLIM ASSOCIATION

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SUNDAY SCHOOL REGISTRATION FORM (2015- 2016) Ag es 4-13

SCHOOL HOURS
10:00 AM. – 2:00 PM
9:30 AM – 1:00 PM (Winter)

STUDENT'S INFORMATION:

Grade (As of Sept 2015): _____

New Student: Current Student:

Official Name: _____
(First Name) (Middle Name) (Last Name)

Male Female

Address: _____ Apt. #: _____ Buzzer #: _____

City: _____ Postal Code: _____ Home #: () _____

Date of Birth: ____/____/____ Age: ____
(DD) (MM) (YYYY)

Country of Birth: _____ Status in Canada: _____

Health Card Number: _____ Expiry date: ____/____/____
(DD) (MM) (YYYY)

Does the child suffer from any allergies or illnesses? If yes, specify _____

PARENT'S/GUARDIAN'S INFORMATION:

Father's First Name: _____ Father's Last Name: _____

Cell Phone: _____ Email Address: _____

Mother's First Name: _____ Mother's Last Name: _____

Cell Phone: _____ Email Address: _____

Marital Status: Married: Divorced: Separated: Widowed: Single:

Child Lives With: Both Parents: Father: Mother: Legal Guardian:

**Please provide the office with a copy of any relevant legal custody papers.*

EMERGENCY CONTACT'S INFORMATION (OTHER THAN THE PARENT/GUARDIAN)

Name: _____ Relationship with the student: _____

Home #: () _____ Cell #: () _____

Parent/Guardian Signature: _____ Date: ____/____/____
(DD) (MM) (YYYY)

FOR OFFICE USE ONLY

Fees Void Subscribed Checked Uniform Books

Please Turn Over

FOR OFFICE USE ONLY

FID# S: _____ P: _____

