

WOODLAND ISLAMIC CENTER

Masjid Abu Huraira- Madarsa

Registration Form 2019-2020

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

Address: _____

Email: _____

Emergency Contact :

Phone: _____ Relation. _____

Phone: _____ Relation. _____

STUDENT INFORMATION

SN	Student Name	Male/Female	New/ Return	DOB (Age)

Any medical conditions/issues/ Allergies

Fee paid: ----- \$50/Student/Month -----Paid (Y/N).

If fee unable to pay, please contact the administration.

Enrollment accepted by the Administration: -----

Enrollment No: _____ (Admin name)