

In the Name of Allah, Most Gracious, Most Merciful

House of Peace
Westville Islamic Community Center (WICC), Inc
1420 Pilgrim Ave, West Deptford, NJ 08096

SUNDAY ISLAMIC SCHOOL REGISTRATION FORM

	Name	Date of Birth	Male/Female
Child #1
Child #2
Child #3

Mother's Name:.....

Father's Name.....

Home Address:.....
.....

Email:

Home Phone:.....

Cell Phone:.....

Emergency Contact Name:

Home Phone:.....

Cell Phone:.....

I affirm that the above information is complete and correct. I understand that WICC is not responsible for any injury or loss that may occur while my son/daughter is at school. In case of an emergency in which I cannot be contacted, I authorize WICC to seek medical attention and/or administer any needed emergency procedures for my son/daughter.

Signature of Parent/Guardian:.....

Date:.....