

In the name of Allah, the Most Beneficent, the Most Merciful

LONG ISLAND MUSLIM SOCIETY, INC.

475 East Meadow Avenue, East Meadow, NY 11554 Tel: (516) 357-9060

Summer Quranic Class Registration Form

August 3 - September 3, 2015 Monday to Thursday: 5 PM - 7:30 PM

Parent/Guardian Information:

Father/Guardian (Last Na	ame)			(First Name)	
Mother/Guardian (Last Name)			(First Name)		
Address	City	State	Zip Co	ode	
Home Telephone: ()		Emei	gency Telephor	ne: ()	
E-mail Address:					
	Student In	ıforma	tion:		
Last Name	First Name		Date of Birth	Grade in School	
"We hereby enroll the above list of the school including field trip agents from any and all liabilitie them."	s. We agree to hold har	and grant our mless the Ex	permission for the ecutive Committe	e, the Islamic Center, an	
Parent/Guardian Signature:				Date:	
	Registrat	tion Fee: \$	150.00 /child		
	Offic	ce Use Oı	nly		
Amount Paid	Check/Cash		Date	_ Classroom assigned	
Authorized Si	gnature:			_	