

In the name of Allah, the Most Beneficent, the Most Merciful  
**LONG ISLAND MUSLIM SOCIETY, INC.**  
475 East Meadow Avenue, East Meadow, NY 11554 ☎:(516) 357-9060

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**Summer Program Registration Form 2021**

**(July 6th - August 31<sup>st</sup>) Monday, Tuesday, Wednesday, Thursday: 10:00 AM – 1:00 PM**

**Parent/Guardian Information:**

\* (*Father/Guardian*) Last Name: \_\_\_\_\_ \* First Name: \_\_\_\_\_  
\_\_\_\_\_  
\* (*Mother/Guardian*) Last Name: \_\_\_\_\_ \* First Name: \_\_\_\_\_  
\_\_\_\_\_  
\* Address: \_\_\_\_\_ \* City: \_\_\_\_\_ \* State \_\_\_\_\_ \* Zip Code \_\_\_\_\_  
\_\_\_\_\_  
Home Telephone: (     ) \_\_\_\_\_ \*Emergency Telephone: (     ) \_\_\_\_\_  
\* E-mail Address: \_\_\_\_\_

**Student Information:**

*Last Name	*First Name	*Date of Birth (mm/dd/yyyy)	*Grade in School

Note: \* Required information.

**Parent Declaration/Waiver**

"We hereby enroll the above-listed child(ren) in LIMS and grant our permission for their participation in all activities of the school including field trips. We agree to hold harmless the Executive Committee, the Islamic Center, and their agents from any and all liabilities, claims, injuries, or losses. We are aware of the school policies and agree to abide by them. We also agree with the LIMS' COVID 19 policy of wearing a mask at all times while in the Masjid for above-listed child(ren)."

\*Parent/Guardian Signature: \_\_\_\_\_ \* Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Amount Paid: \_\_\_\_\_ Check/Cash: \_\_\_\_\_ Date: \_\_\_\_\_ Classroom Assigned \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_