

Islamic Center of Reading PA
 18 S, Noble St, Reading, PA 19611
 Phone No. (610) 478 - 1338, Website: www.icorpa.org

**Islamic Sunday School at ICORPA
 Registration Form**

1. Student's Information:

No.	First Name	Last Name	Gender	D.O.B	Age	Grade
1.						
2.						
3.						
4.						
5.						

2. Parent/Guardian Information:

Parent/Guardian's		Email:
Name: Phone No.	Home:	Cell:
Address:		
City:	State:	Zip Code:

3. Emergency Contact Information:

Name:	Relationship:
Home Phone No.	Cell:

4. Medical Information:

If needed, can your child(s) be given medicine? Please list any medications they <u>cannot</u> take below.
Allergies or Illnesses:

5. Parents' Consent:

I understand that the Islamic Center of Reading (ICORPA) and the Islamic Sunday School Staff at ICORPA cannot be held liable or assume the responsibility in case of accidental injury to my child. If I desire protection, I will acquire my own insurance.

Parent/Guardian Signature: _____ Date: _____