

Islamic Center of Reseda

18206 Victory Blvd. Reseda, CA 91335
2016 WEEKEND SCHOOL PROGRAM.

THE BEST OF YOU IS THE ONE WHO LEARNS THE QURAN AND THEN
TEACHES IT TO OTHERS.

Learning Al-Quran and Islamic Studies while having lots of Activities and Fun in
our Special Weekend School designed to serve our community .

Apply the teaching of Al-Islam in Action help yourself and your children learn
Al- Islam and Al-Quran understand it and love it.

Prepare your children for the most important lesson of their lives . Learning Al-
Quran and Al-Islam in our Special Weekend School Program. Limited Seats, so we
encourage to invite our students from previous semester to join first in order to
complete their education. For Registration and more information please call
brother Qasim at **818-357-9989** or Email us at (**icreseda1@aol.com**).

REGISTRATION BEGINS AUGUST 13TH, 2016 .

Only **\$100.00** Per child for a month to Learn Deen ul Islam and understand Al-
Quran. Families with more than one child **\$75.00** per month .Please contact the
office at the above number and email for more information.

Islamic Center of Reseda 2016 Weekend School Program:

Every Saturday and Sunday From 10 :00 AM -1:00 PM

| | | |
|--|--------------------|-----------------------------|
| 1: Parents Name: | Date: | |
| 2: Parents Religion: Father (|) | Mother (|
| 3: Student's First Name: | Last Name: | Age: |
| 4: Student's First Name: | Last Name: | Age: |
| 5: Student's First Name: | Last Name: | Age: |
| 6: Address: | City: | Zip Code: |
| State: | Home phone: | Emergency Number: |
| 7: Name and Telephone Number of the Person who will drop off and Pick up the students if different: | | |
| 8: Email Address: | @ | . |
| 9: Amount of Fee Paid (|) | Discount Received: (|
| 10: Number of Students Registered : | (|) Paid by: Check (|
| 11: Signature of Parents or Guardian: | (|) |

HEALTH AND EMERGENCY INFORMATION

Family Name _____
Father's Name _____
Home Phone (_____) _____

Child's First Name : _____
Mother's Name : _____

(Please circle to identify the best way to be reached during the day)

Father: Work Phone _____ Cell: () _____ Email _____
Mother: Work Phone _____ Cell: () _____ Email _____

List two friends or relatives who have agreed to assume temporary care of your child if you cannot be reached:

Name _____ Phone () _____
Name _____ Phone () _____
Family Physician _____ Phone () _____
Family Dentist _____ Phone () _____

CONSENT FOR EMERGENCY MEDICAL CARE

If my child is ill or injured at school and needs emergency care and I cannot be reached, I hereby I authorize ICR' to make whatever arrangements seem necessary. I agree to assume all responsibility and expenses, including transportation, incurred at this time. Emergency care will be provided at the closest hospital.

Please note any allergies or special conditions:

PICK-UP INFORMATION

My Child _____ is permitted to be picked up after school only by the following individual(s):

1- Name _____

Relationship to child _____
Last First Middle

Phone number of the above individual _____

2- Name _____

Relationship to child _____
Last First Middle

Phone number of the above individual _____

Parent's Signature _____

(Mother) (Father)

Parent or Guardian Name, Signature & Date
Please Note that every day classes will end at 1:00 PM all students must leave by 1:30 PM Islamic Center of Reseda will not be responsible for keeping Students after that.

Jaza Kallah u Kharan
Islamic Center of Reseda

