



Afghan Islamic & Cultural Center of Hamilton (AICCH)

مرکز اسلامی و فرهنگی افغانهای شهر همیلتون

Quran Class Registration Form

Please fill up this form and return it to “ aicchinfo@gmail.com ” or “ [905-515-7322 by WhatsApp](https://www.whatsapp.com/business/profile/9055157322) ”

STUDENT INFORMATION

Student Name _____

Home Address _____
Street Address City Province Postal cod

Home Phone _____ Cell Phone _____

Email _____

CONTACT INFORMATION

Parent/Guardian Name _____

Home Phone _____ Work/Cell Phone _____

Emergency Contact Name: _____ Relationship to Student _____

Emergency Phone _____ Alternate Phone _____

MEDICAL INFORMATION

Does your child have a life-threatening health condition or any Allergies? YES NO

If yes, please explain _____

Does your child need medication at school? YES NO

If yes, please explain _____

Does your child have any other medical issues of which we need to be aware? YES NO

If yes, please explain _____

AICCH

Student Starting Level: _____

Student 6 month Level: _____

Student 12 month Level: _____