



AGINCOURT MUSLIM ASSOCIATION

3599 Sheppard Ave E. Scarborough, Ontario, M1T 3K8 (416) 901-9659

www.agincourtma.org admin@agincourtma.org

EVENING MADRESSAH REGISTRATION FORM

STUDENT INFORMATION:

Student's Official Name : _____
(First Name) (Middle Name) (Last Name)

Father's Official Name : _____
(First Name) (Middle Name) (Last Name)

Mother's Official Name : _____
(First Name) (Middle Name) (Last Name)

Current Address : _____ Apt. # : _____ Buzzer # : _____

City : _____ Postal Code : _____ Home # : _____ Cell # : _____

E-Mail : _____ Date of Birth : _____ Age : _____ Gender : Male Female
(DD/MM/YYYY)

Health Card Number : _____ Expiry date : _____
(YYYY/MM/DD)

Does the child suffer from any allergies? If yes, specify _____

EMERGENCY CONTACT INFORMATION:

Name : _____ Relationship with the student : _____

Home # : _____ Cell # : _____

Parent/Guardian Signature : _____ Mother : Father : Other : (specify) : _____

Date : _____
(YYYY/MM/DD)

Note: If you have any questions, please Call (416) 901-9659 or contact AMA management.
Jazakallah khair.