

# ISLAMIC DAY CAMP

## Registration Form

**Student's Name:**

**Father's Name:**

**Age:**

**Class:**

**Tel (Res.):**

**Cell #:**

**E-mail:**

**Address:**

**Dated:** \_\_\_\_\_

\_\_\_\_\_  
**Guardian's signature**

**For Office Use**

**Dated:** \_\_\_\_\_

\_\_\_\_\_  
**Sign. (Accountant)**