



MADINAH MASJID

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416-465-7833
WWW.MADINAMASJID.CA

MADRASAH MADINATUL ULOOM STUDENT ENROLLMENT FORM

PARENTS INFORMATION:

NAME: _____
FIRST NAME LAST NAME

ADDRESS: _____
NUMBER STREET APT# POSTAL CODE

HOME PHONE # _____ EMAIL ADDRESS: _____

EMERGENCY PHONE # _____

CHILDREN'S INFORMATION:

1.	_____	M/F	DD/MM/YR	_____
	NAME	GENDER	DATE OF BIRTH	HEALTH CARD #
2.	_____	M/F	DD/MM/YR	_____
	NAME	GENDER	DATE OF BIRTH	HEALTH CARD #
3.	_____	M/F	DD/MM/YR	_____
	NAME	GENDER	DATE OF BIRTH	HEALTH CARD #
4.	_____	M/F	DD/MM/YR	_____
	NAME	GENDER	DATE OF BIRTH	HEALTH CARD #

PARENT'S / GUARDIAN'S SIGNATURE

DATE