



# United Islamic Association Of Lancaster County

## SUNDAY SCHOOL REGISTRATION FORM

### Student Information:

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) Gender:  Male  Female

Address: \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

### Parent/Guardian Information:

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Check if this address is same as the above address.

Address: \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact Person:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_