



**REGISTRATION FORM**  
September 2015- June 2017

REGISTRATION #:  
DATE:

**PLEASE SELECT THE PROGRAM**

**FEES**

- Sunday - 11.30 am - 2:30 pm** **\$ 20** per month  
Location : 5751 Coopers Avenue, Mississauga, ON, L4Z 1R9
- Wednesday - 6:30 pm - 9:30 pm** **\$ 40** per month  
Location : 7180 Lantern Fly Hallow, Mississauga, ON,L5W 1L6

**SECTION A: Applicant's Information**

<b>Applicant's First Name</b>				<b>Last Name</b>				<b>M. Initial</b>	
Date of Birth: (DD/MM/YYYY)									
STREET NAME:							APARTMENT #		
CITY:				STATE:			POSTAL CODE:		
RES. PHONE:									
CELL:									
EMAIL:									

**SECTION B: Emergency Contact #**

<b>Name (First Name, Last Name)</b>		<b>Cell / Phone</b>
Contact 1		
Contact 2		

**SECTION C: Medical Information**

Do you have any medical conditions that may impact your study at Al Manarat Academy or that may require attention while you are on campus? If so, what are they?

Health Card Number										Version Code			

**SECTION D: Signature**

<b>APPLICANT SIGNATURE</b>	<b>DATE:</b>