



UTAH ISLAMIC CENTER

SUNDAY SCHOOL REGISTRATION FORM

Parent's name: (first) _____ (last) _____

E-mail: _____

Address: _____

city: _____ UT. 84 _____

Home Phone: _____ Cell: _____

Children's name

first:

last:

Age:

Gender:

1 _____

2 _____

3 _____

4 _____

Parent's Signature

Administrator's Signature

Date

For Office Use Only

Registration # _____

Has paid the registration Fees, \$35.00 per child? Yes / No Ramadan Discount Yes/No