



Gwinnett Islamic Circle (GIC) Inc

Suwanee Musalla – Summer Camp

REGISTRATION FORM

Parent Information:

Father's Name: _____

Mother's Name: _____

Address: _____

Phone No. (Primary): _____ (Secondary) _____

Email Address: _____

Student Information:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

I understand that if my child/children is absent or tardy for three or more days of classes without prior approval, GIC staff has the right to dismiss my child from our program.

Parent Name: _____

Parent Signature: _____ Date: _____