



Al-Qasim Junior Youth Saturday Workshop

Weekly Saturday Workshop (Ages 5-13)

Registration Form

2313 S. Voss Road
Houston, Texas 77057

Phone: (281) 759-9667

Web Site: <http://www.iec-houston.org/saturdayworkshop/>

E-mail: Saturday.workshop@iec-houston.org

STUDENT	Name of Student (first/last)		Preferred Name	
	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Age	Summer / Fall / Spring (circle one)	
	Email Address	Home Phone #	Emergency Phone #	
	Address (Street) (City) (State) (Zip)			

FATHER	Full Name (first/middle/last)		Email Address	
	Cell Phone	Work Phone		

MOTHER	Full Name (first/middle/last)		Email Address	
	Cell Phone	Work Phone		

WORKSHOPS	Select from the following Workshops (Circle one from each workshop)			
	<u>Workshop I (Choose only one (1) of these two workshops)</u> 1. Poetry, Noha and Qasida Workshop *Circle languages of interest: English Urdu Farsi Arabic 2. Du'as and Ziyarats Workshop		<u>Workshop II (Choose only one (1) of these two workshops)</u> 1. Arts and Crafts Workshop 2. Drama/Plays Workshop	

AUTHORIZATION FOR CHILD PICK-UP:	
I hereby authorize the Saturday Workshop Coordinator to allow my child to leave the school facility ONLY with the following persons (include names of parents if applicable).	
Name: _____	Telephone: _____
Name: _____	Telephone: _____

SIGNATURE	In signing this application, I/We understand that my/our child must abide by the Saturday Workshop policies which I/We have received on the day of registration. I/We will make sure my/our child abides by the Saturday workshop policies.		
	_____ Signature of Parent/Guardian	_____ Date	_____ Signature of Parent/Guardian

FOR OFFICE USE ONLY	Do not write in this portion		
	Date Payment Received: _____	Reg. Fee: \$ _____	Check #: _____ CC Cash
	Student placed in age group: Ages: 5-7 8-10 11-13	Semester: Fall Spring Summer	
	Notes: _____ _____		