



Address  
PO BOX 615  
Rockwall, TX 75087

**Ph: 469-909-0498**

## Rockwall Masjid

### Student Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Gender: Male  Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Emergency Contact Information:

Emergency Contact Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

ISD Grade Level: \_\_\_\_\_

### Program Selection

Please select the appropriate program for the participant:

#### Program Options (circle one)

1. Elementary School (Ages 6-10)
2. Middle School (Ages 11-14)
3. High School (Ages 15-18)

**Payment Information:** Registration Fee: \$ 10.00/student

Please make the payment cash or check \$50.00 per child check made out to the Centers of Peace and Mercy (Rockwall Masjid Weekend School in Memo).

**Medical Information:** Does the participant have any allergies, medical conditions, or special needs? Please provide details:

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**Authorization and Consent:** I, the undersigned, will be responsible for the pickup/drop-off of my child at the Summer School and will be responsible for my child's attendance and payment of the summer school fee.

Student's Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Name (Print): \_\_\_\_\_

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