



CENTERS FOR PEACE & MERCY

Address  
PO BOX 615  
Rockwall, TX 75087

## 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: \_\_\_\_\_

### Program Selection

Please select the appropriate program for the participant:

#### Program Options (circle one)

1. Ages 8 to 10
2. Ages 10 to 12
3. Ages 12+

**Payment Information:**

Monthly Fee: \$ 150.00/student

Please make the payment cash or check \$150.00 per child check made out to the Centers of Peace and Mercy (Rockwall Masjid Summer 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: \_\_\_\_\_