

## 2015-2016 Enrollment Form for Religion Classes

Family Name: \_\_\_\_\_ Res. Phone: \_\_\_\_\_

Is the Family a member of the (please check to indicate)       ZSO      or       OZCF?

\* **Parent E-mail address:** \_\_\_\_\_ Parent Mobile Phone: \_\_\_\_\_

Address (including postal code): \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Name of Child	Gender (M/F)	Date of Birth (DD/MM/YY)	Health Card Number	Cost
			<b>Late fee (if applicable)</b>	
			<b>Total →&gt;&gt;&gt;&gt;&gt;</b>	

Please indicate on the back of this sheet if your child(ren) has any medical conditions (e.g. allergies) of which we should be aware.

Class Location: MGDM \_\_\_\_\_ Western GTA School location \_\_\_\_\_

We are accepting registrants born in 2009 or earlier. Registration Forms together with the appropriate costs must be received by July 31<sup>st</sup>, 2015.

Cost : **Children of ZSO/OZCF members** - \$ 20/student

**Children of ZSO/OZCF non-members** - \$ 30/student

**Late Fee for returning students only (if registering after deadline) - \$10/student**

Please make your cheques payable to: **Zoroastrian Society of Ontario**

and mail them with the form to:

**Zia Mahmoudzadeh, 218 Glenforest Drive, Thornhill, Ontario, L4J 8N3**

I will note the dates of the classes & support them \_\_\_\_\_  
Signature of Parent/Guardian      Date

**\* Please ensure that you fill in the e-mail address and inform us immediately if it changes. All notifications will be by e-mail, handouts in class or via the ZSO Newsletter.**

No child will be bereft of religious education because of finances. In such circumstances and for any other information please contact Ms. Kermin Mehta at 416 446 1417 or Mrs. Khurshid Engineer at 905 828 8324.