

Children at the Well

NAME OF STUDENT: _____

PHONE NUMBER(S): _____

EMERGENCY CONTACT and PHONE (SHOULD PARENT NOT BE AVAILABLE):

PHYSICIAN'S NAME AND PHONE NUMBER:

I, (please print name), _____, give my permission to have my son/daughter participate in the Children at the Well coaching sessions, to be held at An Nur Islamic School beginning Feb. 5, 2006.

Signature: _____

Date: _____

Please Note:

An Nur Islamic School has offered its facilities for the coaching sessions of Children at the Well. An Nur does not assume responsibility for supervision, content of the workshops, or liability of any kind.