



**ISLAMIC CENTER OF GREATER TOLEDO
SUMMER CAMP REGISTRATION 2026
TUESDAY- FRIDAY, JUNE 9 -19**

Father: _____

Mother: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone (required): (_____) _____

E-mail (required): _____

Member: (Yes/ No)

Would you like to support a student / Donate to the Summer Camp: (Yes/ No): _____

Would you like to volunteer with the Summer Camp? (Yes/ No): _____

Food Allergies (YES/NO) _____, **EpiPen available with student in case of emergency? (Yes /No)**

Consent to take pictures or videos to share on social media (Yes / No)

Name	Age	Teacher
Cost per child	Members \$100	Non-Members \$150
Total		

Thank you for trusting us and enrolling your child