



73 South Fullerton Avenue, Montclair, NJ 07042, 973-509-2822
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STUDY GROUP

STUDENT REGISTRATION FORM

(Please, one form per student)

Name of Student: _____ Grade: _____

Student Email Address: _____

Student Cell Phone: _____

Parent/Guardian Name: _____ Relationship: _____

Address: _____ Apt. _____ Zip _____

Home Phone: _____ Parent Cell Phone: _____

Parent Email Address: _____

List by priority:

Course 1: _____

Course 2: _____

Course 3: _____

In the event of an emergency, contact: _____

Telephone: (_____) _____ - _____ (home _____ or work _____)

Cell Phone: (_____) _____ - _____

**I grant permission for my child to participate in the IMANI
Study Group Program**

Please Sign

Date

Study Groups meet at the Public Library, 50 South Fullerton Avenue on Sundays 2pm-4pm

***Registration Fee: \$50.00/year**

Amount enclosed: _____
(Please make checks payable to: IMANI Programs)