



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: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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**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: \$60.00/year**

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

For information regarding Study Group, please contact the IMANI Office at 973-509-2822 or [info@imaniprograms.org](mailto:info@imaniprograms.org)