



73 South Fullerton Avenue, Montclair, NJ 07042, 973-509-2822  
[info@imaniprograms.org](mailto:info@imaniprograms.org) [www.imaniprograms.org](http://www.imaniprograms.org)

## **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: \_\_\_\_\_

---

In the event of an emergency, contact: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_) 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 or pay by Zelle: [imani@imaniprograms.org](mailto:imani@imaniprograms.org).**