



Islamic Center of Naperville Tahfeez-ul Qur'an Program

2844 West Ogden Avenue, Naperville, Illinois 60540-6709

Telephone: (630) 428-3733 ♦ URL: <http://www.islamiccenterofnaperville.org>

REGISTRATION FORM Summer 2013

FINE PRINT: Completed forms are accepted in hard-copy only. Electronic copies are available on our web-site, or sent at parents' request, as a courtesy only. Please print on a 8½" x 11" sheet of paper before filling out the form in BLUE or BLACK ink.

Please sign and return completed form accompanied by the appropriate fee and documents as mentioned on the reverse side of this form.

Father's Information: _____
Name (First Last) Telephone # (Cell Phone) E-mail Address

Mother's Information: _____
Name (First Last) Telephone # (Cell Phone) E-mail Address

Home Address: _____ **City & Zip:** _____

First Contact # _____ **Emergency Phone No.:** _____

We agree, as parents/guardians, to cooperate with the Islamic Center of Naperville's Tahfeez-ul Qur'an Program as mentioned on the reverse side of this form

Medical Emergency contact persons authorized by parents:

Alternate: _____ Daytime Phone: _____

Doctor: _____ Daytime Phone: _____

I/we hereby grant permission to Islamic Center of Naperville, or its authorized agent(s), to seek medical help for my/our child/ward in case of emergency when, for reasons beyond their control, the authorized person(s) above cannot be reached.

1. _____ 2. _____ Date: _____
(Parent's/Guardian's Signatures)

STUDENTS REGISTERED:

No.	Student's Full Name	Birth Date	Age	Fee	Select (X) a Class by Name
1.	_____	_____	_____	\$ 100.00	MW-H <input type="checkbox"/> MW-R <input type="checkbox"/>
2.	_____	_____	_____	\$ 50.00	TT-H <input type="checkbox"/> TT-R <input type="checkbox"/>
3.	_____	_____	_____	\$ 50.00	
4.	_____	_____	_____	\$ 50.00	

PLEASE SEE THE OTHER SIDE (PAGE 2) FOR CLASS SCHEDULE AND SELECT A CLASS BY CODE
MINIMUM AGE FOR REGISTRATION IS 7 YEARS. Reading fluency test may be administered, if needed

For Office Use Only:

Registration Date: _____ / _____ / _____

Attendance Plan: _____

Registration Fee Paid: \$ _____ Cash _____ Check# _____

Signature of Program Administrator: _____

Date: _____