



Islamic Center of Naperville Tahfeeth-ul Qur'an Program
 2844 West Ogden Avenue, Naperville, Illinois 60540-6709
 Telephone: (630) 428-3733 ♦ URL: <http://www.islamiccenterofnaperville.org/>

REGISTRATION FORM
September 2019 TO MAY 2020

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) e-Mail

Mother's Information:

Name: (First, Last) Telephone: (Cell) e-Mail

Home Address: City & Zip:

We agree, as parents/guardians, to cooperate with the ICN Tahfeeth-ul Qur'an Program as mentioned on the reverse side of this form

Medical / Emergency contact persons authorized by parents:

Alternate: Phone:

Doctor: 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) stated above cannot be reached.

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

STUDENTS REGISTERED:

No.	Student's Full Name	Birth Date	Age	Fee	Select one of the following
1.	_____	_____	_____	\$ 60.00	Mon., Wed. 6:00 p.m.
2.	_____	_____	_____	\$ 60.00	Mon.,Wed. 7:00 p.m.
3.	_____	_____	_____	\$ 60.00	Tue.,Thur. 6:00 p.m.
4.	_____	_____	_____	\$ 60.00	Tue.,Thur. 7:00 p.m.

PLEASE SEE THE OTHER SIDE (PAGE 2) FOR CLASS SCHEDULE AND SELECT A CLASS BY CODE
MINIMUM AGE FOR REGISTRATION IS 6 YEARS. Reading fluency test may be administered as needed

For Office Use Only:

Registration Date: _____ Attendance Plan: _____

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

Signature of Program Administrator: _____ Date: _____