# 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 2019

**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:** _____

**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:***

***Please select one class:*** ◯ ***10:30 AM to 11:45 AM*** ◯ ***12:00 PM to 1:15 PM***

| No. | Student's Full Name | Birth Date | Age | Fee |
|---|---|---|---|---|
| 1. | _____ | _____ | ____ | $ 100.00 |
| 2. | _____ | _____ | ____ | $ 80.00 |
| 3. | _____ | _____ | ____ | $ 80.00 |
| 4. | _____ | _____ | ____ | $ 80.00 |

**For Office Use Only:**

Registration Date: _____ Attendance Plan: ____

Registration Fee Paid: $ _____ Cash _____ Check# _____

Program Administrator Signature and Date: