

Date Received:

Family Last Name:

# Quran Reading & Memorization

Please fill out all information to the best of your ability.

Days: Please select one of the available days

- 2 Days per Week [Tuesdays & Thursdays 05:30PM-07:30PM]  
 3 Days per Week [Mondays, Tuesdays, & Thursdays 05:30PM-07:30PM]  
 Other, Please specify \_\_\_\_\_

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## Parent/Guardian Information:

Primary Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Secondary Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

## Student Registration:

1) Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

2) Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

3) Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

4) Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

5) Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Any Allergy information for any of the above students? If so, who and what kind of allergy?

## Program Agreement and Release of Liability

I confirm that the above information is complete and correct . I understand that Islamic Association of Greater Memphis and those acting on behalf of the organization are not responsible for any injuries or distress or loss of property. I authorize staff to seek medical attention and/or administer first aid if needed in case of emergency or under the discretion of adults present. I agree to uphold the Islamic dress code policy with my child(ren).

I understand that my children must be provided with a lunch or snack every week unless otherwise stated by program administration. I understand my children must be on time every morning and be picked up promptly every afternoon unless prior arrangements have been made. I understand my children must come prepared with the proper supplies and assignments completed etc. every week. I understand failure to comply with this agreement may result in expulsion of my child/children from this program without possibility of refund.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

2 days per week \$60/month | 3 days per week \$75/month

Number of Students enrolled: \_\_\_\_\_ Total Cost: \_\_\_\_\_ Paid Upfront: Yes | No

Payment Type (circle):      Cash              Card              Check              Combination

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Registrar: \_\_\_\_\_