



ISLAMIC CENTER OF THE EAST VALLEY QUR'AN CLASS ENROLLMENT FORM

CLASS SESSION INFORMATION WITH DUES

One time Registration Fee \$20 will be charged per child	CLASS DURATION AND TIMING			MONTHLY DUES
	Weekdays Qur'an Reading (Monday – Thursday)	Session 1A	4:30 to 6:00 PM	\$45 per child \$40 for each additional child
		Session 1B	6:00 to 7:30 PM	
	Weekend Qur'an Reading (Saturday – Sunday)	Session 2A	1:00 to 3:00 PM	\$35 per child \$30 for each additional child
Session 2B		3:00 to 5:00 PM		
HIFZ	Mon – Thu 4:30 to 7 pm, Sat – Sun 1 to 3 pm (6 days)		HIFZ: \$75 per child	

STUDENT INFORMATION

First Name	Last Name	Birth Date	Age	Sex (M/F)	Sessions (1A,1B,2A,2B, HIFZ)

Is student Allergic to any food

PARENT INFORMATION

Parent's First Name:	Parent's Last Name		
Please List your Email Address (Caps Only)			
Street Address:		Home Phone No:	
		Cell Phone No.:	
P.O. box:	City:	State:	ZIP Code:
How you know about ICEV Qur'an Class <input type="checkbox"/> Other Child is Student <input type="checkbox"/> Friend <input type="checkbox"/> ICEV newsletter <input type="checkbox"/> ICEV website			

BANK ACCOUNT INFORMATION / VOID CHECK

Bank Name:	
Checking Acct No.	
Routing Number	
Name Listed on Bank Acct	<input type="checkbox"/> Void Check No. attached

- I understand that monthly tuition \$ will be automatically deducted from my above listed bank Account first week of each calendar month and I will be subjected to \$35 fee for any failed payment.
- I would like to make \$ One time donation to Quran Class to support needy students tuition dues
- I would like to donate additional \$ every month with my tuition to support needy students tuition dues.

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to Student:	Home phone no.:	Work phone no.:

- The above information is true to the best of my knowledge. I authorize my ICEV to call emergency medical service and render appropriate medical treatment to my child(ren) if needed.
- I, the parents of the child(ren) listed in form, who plan to participate in ICEV Qur'an program which require the child(ren) to stay at the facility hereby waive all claims against ICEV and its officers, directors, employees and volunteers in case of any accidents, incidences or medical emergency during the stay. We also agree that we will assume full financial responsibility and pay for any damages to ICEV facility, equipment, furniture etc. caused by our children.

Parent/Guardian signature *Date*

FOR OFFICE USER ONLY

Books issued:- <input type="checkbox"/> Reading <input type="checkbox"/> Dua	Paid via:- <input type="checkbox"/> Cash <input type="checkbox"/> Acct	Form Received by	Form Received Date

First Month charges
Please download form then click on submit button to send as email attachment to ICEV Qur'an Class administration