



Islamic Center of the East Valley

HIFZ Class Student Enrollment Form



PLEASE USE CAPITAL LETTERS TO WRITE

(Please use this page to enter all the children in family.)

Student Information

First	Last	Birth date	Age	M/F	HIFZ CLASS IS SIX DAYS/WEEK. M-TH 4:30 to 6:30 Sa-Su 1:00 to 3:00 PM

(Please use separator form for Beginner Quran Reading Only Class)

Any allergies: _____ Name(s): _____

Parent Name: _____

Address: _____

Email: _____

Parent Home Phone: _____ Parent Cell Phone: _____

Any other emergency contact: Name _____ Phone _____

I understand that my monthly tuition \$_____ will be automatically deducted from my bank account on 7th of each calendar month, and I will be subjected to \$35 fee for any failed payment. Also I will need to give advance written notice to stop the payment when I withdraw my child(ren).

FINANCIAL ASSISTANCE NEEDED: Yes / No. (If yes, please attach proof of income)

(Financial assistance decision will be made by administration. Teachers will not approve the requests.)

I give the ICEV the permission to call emergency medical services and render appropriate medical treatment to my child(ren) if needed.

I hereby hold ICEV, its staff and volunteers harmless from any and all claims of liability and acknowledge and accept the admission process and guidelines. **So help me Allah.**

Please note: Students who do not attend classes regularly or fail to show satisfactory progress in terms of memorization and reviews, will not be allowed to continue the program.

Parent/Guardian Full Name (Use UPPER CASE LETTERS)

Signature

Date

PLEASE SUBMIT A VOID CHECK FOR MONTHLY TUITION DEDUCTION FROM BANK ACCOUNT.

Registration fee: \$20 per child. Monthly tuition fee: \$75 per child. Duaa book: \$5 per book.

FOR OFFICE USE ONLY: (Parents please do not write in this section)

No. of children: _____ (Note: VOID Check must have printed name and address.)

Voided check: yes/no. \$ _____ per month.

Registration fee received: \$ _____, Check # _____ / Cash / Auto-deduct on first month

Duaa book(s) issued: _____; Total book fee received \$ _____ cash/check

Serial No. _____ Enrollment Processed: _____ Payment Processed: _____

Form Received Date _____ Received by: _____ Reviewed by: _____