

AlQuran Institute of Memphis

MEMORIZATION AND READING FOR CHILDREN AGES 5+

Registration Form

Semester Details:

Dates: August 13th–December 19th

Days: Monday–Thursday

Timings: 5:30PM–7PM

Ages: 5+

Fees: \$300/4-Day Schedule; \$200/2-Day Schedule

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

Parent/Guardian Information:

Primary Guardian Name: _____

Phone Number: _____ E-mail Address: _____

Secondary Guardian Name: _____

Phone Number: _____ E-mail Address: _____

Address: _____

Student Registration:

1) Name: _____ Date of Birth: _____

2) Name: _____ Date of Birth: _____

3) Name: _____ Date of Birth: _____

4) Name: _____ Date of Birth: _____

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).

Parent Signature: _____ Date: _____

For Office Use Only

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

Payment Type (circle): Cash Card Check Combination

Additional Notes:_____

Name of Registrar:_____