



Islamic Community Center Since 1999

## Qura'n Institute Registration Form

6844 Braddock Rd., Annandale, VA 22003 - 1703-658-7134 Fax:703-658-7177  
 Email. mceducation01@gmail.com www.mustafacenter.org

### Students 'Parent Information

Father Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Mother last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ home Phone: \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

| STUDENT INFORMATION |                                |     |     |               |               |
|---------------------|--------------------------------|-----|-----|---------------|---------------|
| No                  | Student Name First & Last Name | New | M/F | Date Of Birth | Public School |
| 1                   |                                |     |     |               |               |
| 2                   |                                |     |     |               |               |
| 3                   |                                |     |     |               |               |
| 4                   |                                |     |     |               |               |
| 5                   |                                |     |     |               |               |

### School Programs: - Age (5 to 13)

WEEKDAYS QURAN CLASS  
 Monday to Thursday 5:30PM to 7:30PM  
 (Qaeedah Noranya till Reading of AL- Quran and Islamic Studies)  
 (Tuition \$300 one year for each kid)

HIFZ AL QURAN CLASS  
 (Memorization of the entire Qura'n with Tajweed)

WEEKEND QURAN CLASS  
 (Tuition \$200 Yearly for each kid)  
 Saturday School 1:30PM 4:30PM

**Summer Crash Program** 8 weeks classes At 1:30pm-4:30 Pm (Tuition **\$150 per kid**)

**The year will begin after Eid Al fir and ends at the beginning of Ramadhan**

Note: Would like to start Immediately? **Yes / No**

Date \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ phone No \_\_\_\_\_ Relationship: \_\_\_\_\_

**Health Information:**

Injuries/illness: \_\_\_\_\_ Medical Needs: \_\_\_\_\_ Allergies, etc \_\_\_\_\_

Medication and frequency: \_\_\_\_\_

**Special Instruction: Please READ and SIGN.**

I, the undersigned, am the parent/legal guardian of the aforementioned Student (s) and requesting admittance to MC School. Furthermore, each student being enrolled is in good health, and does not suffer from any illness; disability or condition that requires the taking of medication on a regular basis and any such condition is disclosed to and is accepted by the school administration.

I also understand that there is no reason that each student on this form cannot or should not participate in vigorous practice or play.

I, the undersigned, hereby expressly agree to be responsible for any medical bills incurred in the treatment of any illness or accident of the said student. In the event of any such accident or injury.

I hereby give my full consent to allowing the MC School Administration and MC staff to procedure any medical treatment deemed necessary and advisable on behalf of my child. I understand that, as a condition of admittance of each student, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant(s), hereby release; the MC School and its Staff and Principal, all and every member of School and MC Staff, and the Instructors from all and any liability resulting from Injury or illness, mental or physical, suffered by the student during or related to the school year.

I, \_\_\_\_\_ the legal parent/guardian of \_\_\_\_\_ have read and understand the above and acknowledge and accept full responsibility as described above.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Office use only :-**

**Interview Date** \_\_\_\_\_ **Class** \_\_\_\_\_ **Level** \_\_\_\_\_ **Teacher Name** \_\_\_\_\_

**School Coordinator Sign.** \_\_\_\_\_