

3145 Medical Plaza Dr. Garland, TX 75044
972-414-4050 EXT 105 /email iqi@islamicservices.org

TODAY'S DATE: _____

2021-2022 Student Registration Form

STUDENT INFORMATION

Student's Legal Name: (F/L) _____ Gender: **M / F**

Date of Birth: ___/___/_____ Please list any known Allergies: _____

Mailing Address: _____ City _____ Postal Code _____

PARENT/GUARDIAN INFORMATION

Father's Name: _____ Mother's Name: _____

Does this student live with you? Yes No

Does this student live with you? Yes No

Contact Information

Email: _____

Contact Information

Email: _____

Cell: _____

Cell: _____

CLASS INFORMATION

Choose from the following Classes/Programs:

- PART TIME:** Beginners Class (2 Days): (Quran Hifz and Tajweed).....**\$100.00 /month**
- PART TIME:** Intermediate Class (2 Days): (Quran Hifz and Tajweed).....**\$100.00 /month**
- PART TIME:** Advanced Class (2-4 Days): (Quran Hifz and Tajweed).....**\$100.00 /month**
- FULL Time:** Full Hifz Program(5 days)
:.....**\$400.00/month**

I would like to make a donation of: \$50 \$100 \$500 Other: _____

TOTAL: \$ _____.

Payment Method:

Credit Card Check Cash

Date Paid: ___/___/_____

Credit Card Number:

Expiration Date: ___/___/_____

**IQI will not be responsible for kids outside the premises after class hours without parent's supervision.
Students must be picked up on time after class.**

SIGNATURE REQUIRED

I hereby declare that I have read and understood the information contained on this Student Registration Form and that the information I have provided is correct.

Date

Signature of Parent/Guardian