

## Student Registration Form 2010-2011

Today's Date: \_\_\_\_\_

### Student Information:

<b>First Name:</b> _____	<b>Last Name:</b> _____	<b>Birthday &amp; Age:</b> _____
<b>Home Telephone Number:</b> _____	<b>Cell Phone Number:</b> _____	
<b>Home Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____
<b>Zip Code:</b> _____	<b>Email Address:</b> _____	
<b>Allergies:</b> _____	<b>Notes:</b> _____	

<b>School Grade:</b>	<b>How many parts (juz') of the Qur'an the student knows by heart?</b> If less than one part mention the last Surah you know
<b>Tajweed Level:</b> <i>Check box that applies</i>	<b>Arabic Level:</b> <i>Check all that apply</i>
<input type="checkbox"/> Doesn't know anything. <input type="checkbox"/> Can practice the rules but does not know their details. <input type="checkbox"/> Knows some of the rules of Tajweed. <input type="checkbox"/> Knows the rules of Tajweed well.	<input type="checkbox"/> Doesn't know anything. <input type="checkbox"/> Knows the Alphabet. <input type="checkbox"/> Reads. <input type="checkbox"/> Reads and Writes. <input type="checkbox"/> Writes and speaks fluently. <input type="checkbox"/> Knows some of the Arabic Grammar.

### Class Registration & Payment Information:

<b>Registration Fee \$25</b>	<b>Choose from the following Classes/Programs</b> <input type="checkbox"/> Beginners Class <b>two</b> 2 hour sessions per week..... <b>\$65.00/month</b> <input type="checkbox"/> Advanced Class <b>two</b> 3 hour sessions per week ..... <b>\$80.00/month</b> <input type="checkbox"/> Ijaaza Class <b>one</b> 2 hour session per week (Hifz-Memorization and Rules) ..... <b>\$60.00/month</b> <input type="checkbox"/> Ijaaza Recitation of the Full Qur'an from a Certified Scholar (50-60 hours) ..... <b>\$1,100</b> <input type="checkbox"/> I would like to make a donation of: <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$500 <input type="checkbox"/> Other: _____
	<b>TOTAL:</b> _____
<b>Payment Method:</b>	<b>Credit Card number:</b> _____
<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Other: _____	<b>Expiration Date:</b> _____

<b>First Name:</b> _____	<b>Last Name:</b> _____	<b>Phone:</b> _____
<b>Home Address:</b> _____	<b>City:</b> _____	<b>State &amp; Zip Code:</b> _____

### Emergency Contact and Parent Information:

<b>Name:</b> _____	<b>Relationship to the student:</b> _____
<b>Home Telephone Number:</b> _____	<b>Cell Phone Number:</b> _____
<b>Home Address:</b> _____	<b>City:</b> _____ <b>State:</b> _____
<b>Zip Code:</b> _____	<b>Email Address:</b> _____