



**Al-Huda Hifz-UI-Qur'an  
At Al-Huda Mosque.**

**Registration Form For Tajweed, Nazarah, Hifz, And Qirat.  
Parent Information**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Information**

Emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Student Information:**

Circle one: Boy Girl

Number of Children Attending: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name of First Child: \_\_\_\_\_ Age: \_\_\_\_\_

First Name of Second Child: \_\_\_\_\_ Age: \_\_\_\_\_

(If you have more than two children attending please add their names in additional form)

Monday-Friday 4:00 p.m. - 6:00 p.m.-  
\_\_\_\_\_

Monday-Friday 9:00 a.m. - 12:00p.m. (only for ladies) -  
\_\_\_\_\_

**Agreement**

I agree to Pay a monthly fee of \$40 per child per month on or before the first day of the Calendar month. A total of \$480 will be charged for the year. If the child is on leave or takes days off a full fee will still be due for the year.

I authorize Al-Huda Hifz-UI-Qur'an staff to seek necessary emergency care and treatment for my child/children, during the school session, if no one can be contacted at the numbers provided above

\_\_\_\_\_  
Signature of the Parent / Guardian Date

Note: Please make check payable to Al-Huda Hifz-UI-Qur'an.

For more information please contact Mr. Ahmed Karim(630-205-6786) or Hafiz Shakil (630-945-6007).  
Sponsor a student by donating \$40 per Month.