



HIFZ (QURAN MEMORIZATION) AND QURAN LEARNING PROGRAMS

Registration Form

Version 1.0

Please check one: [ ] Hifz (Quran Memorization) Class [ ] Quran Learning (Reading) Class
Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_ M/F
Home Address: \_\_\_\_\_ Home Phone \_\_\_\_\_
Father/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_
Phone #: \_\_\_\_\_ (cell) \_\_\_\_\_ (Home/Work) Email: \_\_\_\_\_
Mother /Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_
Phone #: \_\_\_\_\_ (cell) \_\_\_\_\_ (Home/Work) Email: \_\_\_\_\_
Emergency Contact Phone (cell) (if parents/guardian cannot be reached): \_\_\_\_\_
Quran Reading Fluency: [ ] Reading with help [ ] Fluent [ ] Independent [ ] Complete once entire Quran
Any other Information: \_\_\_\_\_

List any special consideration your child may have, such as allergies, medications needing to be administered during class times, and any other information ISGVF class instructors should be aware of:

Allergic to: \_\_\_\_\_ Reaction(s): \_\_\_\_\_ Treatment: \_\_\_\_\_
Other Consideration: \_\_\_\_\_

Hifz Program: Age: 7+ years and should be able to read Quran (Fluent & Independently, should have completed once entire Quran). Timings: Monday and Thursday – 6:30 PM to 9:30 PM\*.
Quran Class: Age: 7+ years and should be able to read Quran. Timings: Tuesday and Wednesday – 6:30 PM to 8:30 PM\*.
Please make checks payable to "ISGVF". Monthly Tuition for Hifz session is \$ (One month pilot period no tuition fee).
\*Time could change.

The \$15 late fees will be charge if the monthly payment is received after 7th of each month.
Please contact council@isgvf.com (Subject: Hifz and Quran Program) if you have any questions.
If anyone else is authorized to pick up the child, please provide their full name. Children will only be released upon verification of ID. Parent(s) should pick up the children promptly at the end of each class. ISGVF is not responsible for children after class ends.

Consent: I acknowledge that I am responsible for checking my child homework every week and help him/her study at home for the assignments, tests, and attend the parent-teachers meeting to review my child progress. By signing this form, I also acknowledge that the Imam / ISGVF administrator's decision will be the final word regarding my child's promotion to the next level.
Release of Claim: I hereby release the Islamic Society of Greater Valley Forge, its Board of Trustees, the Executive Council, the School Administration, and the Organizers of Special Events (collectively called "ISGVF" from here on) from all actions, damages, claims, or demands which I, my heirs, executors, administrators, or assigns may have against ISGVF for all personal injuries or loss of property known or unknown which me or my dependents (children, grand children, spouse, parents, guests, and children under my guardianship) have or may occur by our use of ISGVF property or participating in ISGVF activities.

Signature – Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Administration Use Only
Amount Due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Amount Pending: \_\_\_\_\_ Enrollment Accepted Yes/No
Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Additional Notes: \_\_\_\_\_ Candidate # \_\_\_\_\_