



QURANIC CLASS/MAKTAB PROGRAM (BOYS)

Parent Information & Emergency Contact

Family Last Name	First Name	Father's Mobile Number:	Mother's Mobile Number	
Home Street Address	Email Address	City	State	Zip Code
Emergency Contact Name		Emergency Contact Phone		
Email Address:				
CHOOSE: MAKTAB + QURANIC CLASSES <input type="checkbox"/> QURANIC CLASSES ONLY <input type="checkbox"/> MAKTAB CLASSES ONLY <input type="checkbox"/>				

SELECT MAKTAB CLASS TIME: 4:00PM to 4:30PM 4:30PM to 5:00PM 5:00PM to 5:30PM
QURAN CLASSES: 5:00PM TO 7:00PM

No.	Last Name	First Name	Date of Birth
1			
2			
3			
4			

FEES: MAKTAB + QURANIC CLASSES = \$50 PER CHILD MONTHLY
QURANIC CLASSES ONLY = \$30 FOR THE FIRST CHILD & \$20 FOR EACH ADDITIONAL
MAKTAB CLASSES ONLY = \$30 FOR THE FIRST CHILD & \$20 FOR EACH ADDITIONAL

The Maktab Program or better known as the "After School Program" is designed for boys over the age of 8+ to teach them various subjects of Deen including Fiqh, Duas, Aadaab, Akhlaaq, Aqaa-id and Taa-reekk (history) by Brother Adnan. The program is 30 minutes long given Monday-Thursday and you can pick your time slots (4:00pm-4:30pm, 4:30pm-5:00pm & 5:00pm-5:30pm) and then (before or after) Quranic Classes by Hafidh Abaidullah Rana.

- I/we consent for my child (ren), listed above, to participate in the activities applied for at MASJID HAMZA (ISLAMIC CENTER OF SOUTH SHORE) ICSS
- I/we have inspected or have waived inspection of the premises located at 200 STUART AVENUE, VALLEY STREAM, N.Y. 11580, where the activities shall take place and have found them to be of a reasonably safe nature & otherwise suitable for the activities which are to take place there.
- I/we waive any rights which may accrue to our self or our child under any cause of action which may arise from any negligent and/or intentional act(s) on the part of the ICSS, its board members, management committee, employees, staff or volunteers.
- I/we take responsibility for providing transportation for my child immediately at the conclusion of any program for that day. I/we acknowledge that there will be no one on the premises before the start of and after the conclusion of the activities and that no one will be supervising my child before the start of and after the conclusion of the activities and/or the time assigned for my child's lesson.

Parent/Guardian Full Name (PRINT)

Parent/Guardian Signature

Date

* Those who cannot afford to donate please talk to a Registrar. Information is kept confidential.