



## QURANIC CLASSES

### PARENT INFORMATION

Last Name	First Name	Father's Mobile Number:	Mother's Mobile Number
Home Street Address		City	State      Zip Code
Emergency Contact Name		Emergency Contact Phone	
Email Address:			

**QURAN CLASSES ARE OFFERED: MONDAYS TO THURSDAYS FROM 5:00PM TO 7:00PM**

### CHILD(REN) INFORMATION

Last Name	First Name	Gender	Date of Birth
1			
2			
3			
4			

**SUGGESTED DONATION: \$30 FOR FIRST CHILD & \$20 FOR EACH ADDITIONAL CHILD (MONTHLY)**

I understand and affirm that: The responsibility of drop off/pick up are solely with the parents/guardians. Masjid Hamza's teachers/staff/officials shall not be held responsible/liable for any accidents/actions. In the event that I/we cannot be reached in an emergency, I hereby give permission to the staff/officials to secure proper treatment for my child. A nominal monthly-suggested donation is due by the 9th day of each month.

The student's acceptance will be based upon specific behavior and class attendance for a specific period of time. If this is not met, Masjid Hamza's administration reserves the right to remove the student from the class/program. I/we have read and agree with the terms/conditions/policies for admission of our child:

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Administration Use Only**

**QURAN CLASS TIME:**  5:00PM to 5:30PM  5:30PM to 6:00PM  6:00PM to 6:30PM  6:30PM TO 7:00PM