



PART TIME HIFDH REGISTRATION FORM

STUDENT INFORMATION

Last Name:	First Name:	Date of Birth:
Date of Birth	Cell Number	
Address		
Email Address:		

PARENT INFORMATION

Last Name:	First Name:
Home Number	Cell Number
Email Address (MUST):	

The tuition is \$100.00 per student monthly. Please select a monthly payment method below. If you require financial assistance or have further questions, please call the Masjid office.

The undersigned hereby authorizes, **ISLAMIC CENTER OF SOUTH SHORE INC./MASJID HAMZA** to debit my account for the next _____ months for the amount of _____.

Bank information:

Bank Name _____
 Account # _____
 Routing # _____
 Name: _____
 Signature: _____

Credit Card information:

Name: _____
 Card Number: _____
 Expiration: _____
 CVC: _____
 Zip Code: _____
 Circle: Visa MasterCard Amex Discover
 Signature: _____

Cash or Check:

I will pay in cash or check.