



Islamic Center of Naperville Tahfeez-ul Qur'an Program

2844 West Ogden Avenue, Naperville, Illinois 60540-6709

Telephone: (630) 428-3733 ♦ URL: <http://www.islamiccenterofnaperville.org/>

Tahfeez-ul-Qur'an Program (Quranic Memorization and Reading) 2009-2010

Classes start Monday, September 28, 2009

FULLTIME HIFZ CLASSES

- 1) Mon. thru Thurs. 4 p.m. to 6 p.m. **Fee:** \$200 monthly (8 hours / week)
2) Mon. thru Thurs. 6 p.m. to 8 p.m. **Fee:** \$200 monthly (8 hours / week)

Pre-requisite: Fluency in reading the Qur'an, subject to pre-admission test at ICN

HIFZ CLASSES

- 3) Sunday 9:00 a.m. to 1:00 p.m. **Fee:** \$100 monthly (4 hours / week)
4) Mon. & Wed. 4 p.m. to 6 p.m. **Fee:** \$100 monthly (4 hours / week)
5) Tue. & Thurs. 4 p.m. to 6 p.m. **Fee:** \$100 monthly (4 hours / week)

Pre-requisite: Fluency in reading the Qur'an, subject to pre-admission test at ICN

READING (WITH TAJWEED) CLASSES

- 6) Mon. & Wed. 6 p.m. to 8 p.m. **Fee:** \$100 monthly (4 hours / week)
7) Tue. & Thurs. 6 p.m. to 8 p.m. **Fee:** \$100 monthly (4 hours / week)

Semester 1: September '09 thru January '10

Semester 2: February '10 thru May '10

Summer Classes begin in the second week of June '09

Note:

Fees are payable at the beginning of each month.

Multiple siblings discount: 50%.

InshaAllah, the program will run annually from September 28, 2009 to May 20, 2010.

Eid and National Holidays will be observed.

Registration and Entrance Test:

Continuing students may download the Application Form from ICN website and bring it with fees to ICN on the first day of classes.

New students: On and after September 28, 2009, Entrance Test will be given Monday thru Thursday, between 6 p.m. and 8 p.m.

Contact information:

Br. Imran Baig 630-715-1220

Br. Ashraf Elessawy 630-336-0078



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Registration Form September 2009 – May 2010

FINE PRINT: Completed forms are accepted in hard-copy only. Electronic copies are available on our web-site, or sent at parents' request, as a courtesy only. Please print on a 8½" x 11" sheet of paper before filling out the form in BLUE or BLACK ink.

Please sign and return completed form accompanied by the appropriate fee and documents as mentioned on the reverse side of this form.

Father's Information:

Name: (First, Last) _____ Telephone: (Cell) _____ e-Mail _____

Mother's Information:

Name: (First, Last) _____ Telephone: (Cell) _____ e-Mail _____

Home Address: _____ City & Zip: _____

Home Phone No.: _____ Emergency Phone No.: _____

We agree, as parents/guardians, to cooperate with the Islamic Center of Naperville's Tahfeez-ul Qur'an Program as follows:

- To bring our child/children to the designated ICN Facility (Ogden/Olesen Center) at the days and hours prescribed for the session selected for the child.
- To make it possible for our child/children to concentrate on the hizf of Al-Qur'an by reducing distractions at home.
- There are **NO REFUNDS** or tuition allowances made for scheduled closures due to holidays, emergencies, sick days, vacation days, or absences.
- There shall be a \$35.00 fee for any check returned by our bank.
- A Medical Emergencies Consent form will be submitted, for each child registered, before the start of the classes.

We have read the above agreement and agree to abide by it.

1. _____ 2. _____ Date: _____
(Parent's/Guardian's Signatures)

STUDENTS REGISTERED:

No.	Student's Full Name	Birth Date	Age	Fee	Select (X) a Class by Number				
1.	_____	_____	_____	_____	1	<input type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	_____	_____	2	<input type="checkbox"/>	6	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	_____	_____	3	<input type="checkbox"/>	7	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	_____	_____	4	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

PLEASE SEE THE OTHER SIDE (PAGE 1) FOR CLASS SCHEDULE, AND SELECT A CLASS BY ITS NUMBER
MINIMUM AGE FOR REGISTRATION IS 8 YEARS. For classes 1-8, testing for fluency in reading the Qur'an will be administered

For Office Use Only:

Registration Date: _____ / _____ / _____
 Attendance Plan: _____ Days _____ Time _____
 Number of Children Registered: _____ Fee Paid _____
 Payment Method: Cash _____ Check# _____
 Medical Emergencies Consent form submitted: Yes _____ No _____
 Signature of ICN Officer receiving payment: _____



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Contact: *Imran Baig 630-715-1220; Ashraf Elessawy 630-336-0078; Ahmed Qadeer 630-420-1698*