



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/>

TAHFEEHUL QURAN EVENING CLASSES (QURANIC MEMORIZATION AND READING) 2016-2017

***PLEASE READ THE INSTRUCTIONS AND THE ENTIRE FORM CAREFULLY
(Classes start Tuesday, September 6, 2016)***

We at ICN, make a sincere and honest effort with every child for reading and/or memorization of the Quran. To this end, full co-operation and commitment of parents is essential. Parents are advised to have their child/children arrive in class on time regularly on schedule. **Every student should bring his/her own Quran/Qaaidah, and a notebook.**

QURAN READING (AND QAAIDAH FOR BEGINNERS)

1. Mon. & Wed. 6:00 p.m. to 7:00 p.m.
2. Tue. & Thurs. 7:00 p.m. to 8:00 p.m.

QURAN READING (ADVANCED)

3. Mon. & Wed. 7:00 p.m. to 8:00 p.m.
4. Tue. & Thurs. 7:00 p.m. to 8:00 p.m.

QURAN MEMORIZATION ONLY

5. Mon. & Wed. 6:00 p.m. to 7:00 p.m.
6. Tue. & Thurs. 6:00 p.m. to 7:00 p.m.

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

TUITION FEES:

- **\$60/month for each one-hour class, two days a week.**
- **\$100/month for each one-hour class, four days a week.**
- **Note: Fees must be paid in the first week of each month**

Eid and National Holidays will be observed. Weather-related cancellation will be notified via email/voicemail/text

Students must pray the salaah with jama'ah in the masjid when it occurs around their study period.

Registration: Application Form available in both ICN centers and on ICN website.

Please bring the Application Form with fees to ICN:

YOUR CHOICE OF CLASS IS SUBJECT TO FIRST COME FIRST SERVED BASIS

Contact information:

Br. Imran Baig 630-715-1220 ;

Email: baigimran1@yahoo.com



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Form Updated: September 2016

**REGISTRATION FORM
 SEPTEMBER 2016 TO MAY 2017**

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:** _____

We agree, as parents/guardians, to cooperate with the ICN Tahfeez-ul Qur'an Program as mentioned on the reverse side of this form

Medical / Emergency contact persons authorized by parents:

Alternate: _____ Daytime Phone: _____

Doctor: _____ Daytime Phone: _____

I/we hereby grant permission to Islamic Center of Naperville, or its authorized agent(s), to seek medical help for my/our child/ward in case of emergency when, for reasons beyond their control, the authorized person(s) stated above cannot be reached.

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

STUDENTS REGISTERED:

No.	Student's Full Name	Birth Date	Age	Fee	Select (X) One Class Only	
1.	_____	_____	_____	\$ 60.00	MW-1 <input type="checkbox"/>	TT-2 <input type="checkbox"/>
2.	_____	_____	_____	\$ 60.00	MW-3 <input type="checkbox"/>	TT-4 <input type="checkbox"/>
3.	_____	_____	_____	\$ 60.00	MW-5 <input type="checkbox"/>	TT-6 <input type="checkbox"/>
4.	_____	_____	_____	\$ 60.00		

(H = Hifz . R = Reading)

PLEASE SEE THE OTHER SIDE (PAGE 2) FOR CLASS SCHEDULE AND SELECT A CLASS BY CODE
MINIMUM AGE FOR REGISTRATION IS 6 YEARS. Reading fluency test may be administered, if needed

For Office Use Only:

Registration Date: _____

Attendance Plan: _____

Registration Fee Paid: \$ _____

Cash _____

Check# _____

Signature of Program Administrator: _____

Date: _____