



## 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/>

### Full Time Qur'an Memorization Class Schedule & Program Details

**ICN Full-time Tahfeez-ul-Qur'an Program** is conducted under the erudition of Shaykh Hisham Elbiltagy, and Sr. Souha Skaf, and guidance and assistance of Shaykh Rizwan Ali. Shaykh Hisham is from Egypt and has a long experience of teaching Qur'an.

Classes are held at ICN 75th 25W530 W.75th. Street, Naperville. 60540.

#### Schedule:

Monday thru Thursday: 8:30 a.m. to 3:00 p.m. Study Time: 6 hours/day (including Dhuhr prayers and lunch)

Friday: 8:00 a.m. to 12:00 p.m. Study Time: 4 hours/day

Minimum Expected Study Time: 80 hours/month, excluding revision of lessons at home.

Following are the educational goals, achievement expectation from the students; and related entrance and study requirements:

**Hifz (memorization) goal:** One standard page of the Qur'an each day  
Four or more pages a week  
**20 pages (one Juz) in one month**  
**30 Juz in 30 months**

Consideration may be given to varying learning abilities of individual students.

#### Pre-requisite for Hifz

- Must be of eight (8) years or older at the time of enrollment
- Must demonstrate the ability to read the Qur'an with correct makharij and tajweed
- Prospective students may be required to take tajweed lessons or evening classes before joining this class
- Must have memorized at least one Juz (Juz 'Amma) and be able to recite any surah without mistakes

**IMPORTANT NOTE:** Parents are responsible of notifying the regular fulltime school that their child will be attending a fulltime religious study program at ICN for the full academic year.

**Fees:** In the interest of the students' Qur'an memorization objectives, parents are advised to keep the child enrolled until at least two revisions are satisfactorily complete

<p><b>\$300.00 monthly fee should be paid within the first five days of each month.</b> <b>\$200.00 for the second and each next sibling from the same family.</b></p>
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#### Notes:

- Parents/guardians should leave the students inside the Masjid on time every day, and pick them up on time, there being no arrangements to supervise them after class hours.
- Students are not permitted to leave the Masjid grounds without permission from the Shaykh.
- An emergency medical consent form must be submitted prior to starting the class.
- Students will need to bring their own lunch.

**For registration and additional information, please contact:**

**Br. Imran Baig**

**630-715-1220**



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## REGISTRATION FORM Full Time Qur'an Memorization Program

**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 Telephone No.:

\_\_\_\_\_

### Emergency Telephone No.:

\_\_\_\_\_

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

1. To bring our child/children to the designated ICN Facility (Ogden/Olesen Center) on the days and hours prescribed for the session.
2. To make it possible for our child/children to concentrate on the hifz of Al-Qur'an by reducing distractions at home.
3. There are **NO REFUNDS** or tuition allowances made for scheduled closures due to holidays, emergencies, sick days, vacation days, or absences.
4. There shall be a \$35.00 fee for any check returned by our bank.
5. 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 program details on page 2 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
1.	_____	_____	_____	\$ 300.00
2.	_____	_____	_____	\$ 200.00
3.	_____	_____	_____	\$ 200.00
4.	_____	_____	_____	\$ 200.00
Total Fee:				\$ _____

Check Number: \_\_\_\_\_

**MINIMUM AGE FOR REGISTRATION IS 9 YEARS. Test for tajweed and fluency in reading the Qur'an will be administered.**

### For Office Use Only:

Registration Date:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of Same Family Students Registered:

\_\_\_\_\_

Registration (First month's) Fee Paid:

\$ \_\_\_\_\_

Payment Method:

Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Check \_\_\_\_\_

Medical Emergencies Consent form submitted:

Yes \_\_\_\_\_ No \_\_\_\_\_

Contact: Imran Baig 630-715-1220



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## MEDICAL EMERGENCIES CONSENT FORM

**(It is the Parents/Guardians' responsibility to keep the information on this form current at all times)**

**NOTICE:** Illinois State Regulations require us to keep in our records the health and emergency treatment information for all students. It is very important that you completely fill-in the two forms supplied to you with the Registration Materials. **APPLICATION/RECORD OF CHILD INFORMATION** (CFS 428 / IL 418-0180)<sup>1</sup> and **CERTIFICATE OF CHILD HEALTH EXAMINATION** (CFS 600 / IL 418-0139)<sup>2</sup> are designed by the Illinois Department of Children and Family Services (DCFS) with your child's well being as the prime concern. *They have the information we need to reach you, your emergency contact person, or the child's doctor in case of emergency.* Also, DCFS rules require us to ask you to fill these forms and keep them in our files for inspection by the Department's representative at any time:

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

### Persons Authorized for Medical Emergency Contact:

Mother: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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) above cannot be reached.

1. \_\_\_\_\_ 2. \_\_\_\_\_ Date: \_\_\_\_\_

(Parent's/Guardian's Signatures)

DCFS forms may be downloaded from:

1. **Application/Record of Child Information** –

<http://www.state.il.us/DCFS/docs/cfs428.pdf>

2. **Certificate of Child Health Examination** –

<http://www.state.il.us/DCFS/docs/CFS%20600%20Certificate%20of%20Health%20Examination%202.pdf>

+++++ For Office Use Only +++++

### Forms on File:

**APPLICATION/RECORD OF CHILD INFORMATION** (CFS 428 / IL 418-0180)

**CERTIFICATE OF CHILD HEALTH EXAMINATION** (CFS 600 / IL 418-0139)

YES	NO