ISLAMIC CENTER OF LONG ISLAND

AL-QURAN CLASSES REGISTRATION FORM 2018-2019

Child's Name: _____ **Age:** _____ **School Grade:** _____

Name of Parent / Guardian: _____
First Middle Last

Home Address: _____

Telephone No: _____ **Email:** _____

Select Quran Program:

☐ **Quran Nazirah/Recitation**
$50 monthly
(10 months, Sep-Jun)
Monday-Friday 4pm-7:30pm

☐ **Part Time Hifz:**
$125 monthly
(10 months, Sep-June)
Monday-Friday 4pm-7:30pm

☐ **Full Time Hifz:**
$350 monthly
(12 months, Sep-Aug)
Monday-Friday 8am-3pm

For Office Use Only

Installment Amount: $_____

1st Installment Date/ Paid via	2nd Installment Date/ Paid via	3rd Installment Date/ Paid via	4th Installment Date/ Paid via
5th Installment Date/ Paid via	**6th Installment Date/ Paid via**	**7th Installment Date/ Paid via**	**8th Installment Date/ Paid via**
9th Installment Date/ Paid via	**10th Installment Date/ Paid via**	**11th Installment Date/ Paid via**	**12th Installment Date/ Paid via**

If you have any quesstions or concerns, please call office: 516-333-3495 or email: info@icliny.org