

# Islamic Center of Mason

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## QURAN EDUCATION PROGRAM

### REGISTRATION FORM

Program	Cost per student	No. of kids
<b>Quran Recitation (Nazirah)</b> Students who are starting new (alphabets and basic rules) or are learning recitation/fluent reading	\$50/month for 2 classes/week	
	\$75/month for 3 classes/week	
	\$100/month for 4 classes/week	
<b>Quran Memorization (Hifz)</b> Students who are fluent in recitation can join to memorize Quran (after school timings)	\$300/month for first kid. Siblings will be discounted	

Please Note: Class timing are subject to change based on seasons. Please ask any instructor for class days and timings.

Student Name	Age	Gender (M/F)	Program Hifz/Nazirah	Fees Per Month
			Total Fees	

Parent / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Parent / Guardian E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency / Alternate Contact (Name & Phone): \_\_\_\_\_

Would you like to get a sponsor for your child fee expenses? Yes No

Would you like to volunteer some time for ICM Quran Education Program? Yes No

Would you like to contribute a monthly amount to our sponsorship program? Yes No

### Mode of Payment

Auto Debit from Bank Account

Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

Auto Debit from Credit Card:

Card #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Paying Cash / Check#: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By signing, my child(ren) and I fully understand and agree to abide by the rules and regulations of ICM Quran Education Program. I hereby authorize ICM to withdraw money from my account to pay for the school fee. I also hereby waive any liability or any future claim against ICM.

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#### For Office Use Only

Admission Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Admission Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

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