



Islamic Center of Fredericksburg
7020 Harrison RD. Fredericksburg VA. 22407

Weekday Quran Class Registration Form

Section I:	Student Information	Date _____
First Name: _____	Last Name _____	
Age: _____		
Phone (_____) _____	Email address: _____	
Each student will be Given the Option as to enroll for <input type="checkbox"/> Memorization OR <input type="checkbox"/> Quranic Recitation		
Note: _____		

Section II	Emergency Contact
Name: _____	Relationship to the Student: _____
Address: _____	
City: _____	Zip _____
Phone (_____) _____	

Section III	Monthly Fees
Monthly fees: - \$80 per student	
FAMILY DISCOUNT: 15% OFF for all students in one family after first student	
If you cannot afford to pay the class fees for economic reasons, please check <input type="checkbox"/> YES	
If you would like to make a donation to support student participation, please check <input type="checkbox"/> YES	
Payment type: -	
<input type="checkbox"/> Check: Make checks payable to ICF Quran Class	
<input type="checkbox"/> Cash	
<input type="checkbox"/> Credit Card	