



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

Weekday Quran/Hifz Class Registration Form

Section I:	Student Information	Date _____
First Name: _____ Last Name _____		
Age: _____		
Phone (_____) _____ Email address: _____		
Does the student have any special needs: <input type="checkbox"/> YES OR <input type="checkbox"/> NO (If Yes please specify)		

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	