



AL-TAWHEED ISLAMIC CENTER

984 West Side Avenue,
Jersey City, NJ 07306, USA
TEL: (201)432 1773 - FAX: (201)43 2-9195

Altawheedjc.com

مركز التوحيد الإسلامي

QUR'AN SCHOOL REGISTRATION FORM

	LAST NAME OF CHILD	FIRST NAME	DATE OF BIRTH	GENDER
1				<input type="checkbox"/> M <input type="checkbox"/> F
2				<input type="checkbox"/> M <input type="checkbox"/> F
3				<input type="checkbox"/> M <input type="checkbox"/> F
4				<input type="checkbox"/> M <input type="checkbox"/> F
5				<input type="checkbox"/> M <input type="checkbox"/> F

Fees: \$30.00 for the first child, \$10.00 less for each additional sibling(s).

Fathers Name		
Address	City	Zip Code
Phone Contact	Alternate Contact	
EMERGENCY CONTACT INFORMATION		
Name of Person(s)	Relationship to Child	
Address	City	Zip Code
Home Phone:	Alternate Phone:	

I hold harmless and indemnify Altawheed Islamic Center, its management, administration, Volunteers and staff from any and all liabilities, incidents or damages. I and the children listed above will adhere to the proper Islamic behavior and follow instructions provided by Altawheed Islamic Center representatives.

Signature

Print Name

Date:

Relationship to Children listed above: _____