

Part-Time Quran Hifz Program

Registration Form 2023-24

Student's Name _____

Parent/Guardian Name _____
(Optional for Adult)

Date of Birth (MM/DD/YYYY) _____ **Gender** _____

Home phone number _____ **Cell** _____

Email Address _____

Home Address _____

Emergency contact Person/ Phone _____

Health Card number _____

Allergies _____

Able to read the Quran without difficulty _____ (Yes / No)

Need Financial Assistance _____ (Yes / No)

Fee: 60 dollars for the first student, 50 dollars for the subsequent student from the same family. Please make cheques payable to Islamic Association of SK, Regina. We will not accept application without post-dated cheques or a voided cheque for EFT

Please see the information, rules and regulations sheet.

I certify that I have read the rules and regulations and will abide by them.

Applicant Signature _____ **Date** _____