



دارالقران

Islamic Society of Germantown

DAR-AL-QURAN Program

19825 Blunt Rd, Germantown, MD 20876 Phone 301-540-4748

Parent or legal Guardian Information under 18

Father Last Name: _____ First Name: _____ Occupation _____

Mother last Name: _____ First Name: _____ Occupation _____

Address _____

Street _____ City _____ State _____ Zip code _____

Cell _____ - _____ - _____ Home Phone: _____ - _____ - _____ Email: _____

STUDENT' INFORMATION

No	Student Name First & Last Name	New Student	M /F	Date Of Birth
1				
2				
3				
4				
5				

DAR-AL-QURAN Programs.

- Memorization of the entire Quran.
- Memorization of short Surah with Tajweed.
- Reading of AL Qur'an
- Noorani Qaeedah The foundation
- Basic Islamic Studies.
- Aqeeda

Days & Times

- **Weekday** Monday to Thursday 5:30 PM to 7:30 PM 7:30 PM to 9:30 PM _____
- Friday 7:30 PM To 9:30 PM
- **Sunday** 3:30 PM To 5:30 PM 5:30 PM to 7:30 PM
- **Tuition \$100 per month**

Are you a regular member of ISG and donated to Dar-Al Quran? _____

I cannot pay this Amount and I need assistance from the Majid. _____

Emergency Contact Information:

Name: _____ phone No _____ Relationship: _____

Health Information:

Injuries/illness: _____ Medical Needs: _____ Allergies, etc. _____

Medication and frequency: _____

Special Instruction: Please READ and SIGN.

I, the undersigned, am the parent/legal guardian of the student (s) and requesting admittance to ISG DAR-AL-QURAN. Furthermore, each student being enrolled is in good health, and does not suffer from any illness; disability or condition that requires the taking of medication on a regular basis and any such condition is disclosed to and is accepted by the DAR-AL-QURAN administration.

I also understand that there is no reason that each student on this form cannot or should not participate in vigorous practice or play. I, the undersigned, hereby expressly agree to be responsible for any medical bills incurred in the treatment of any illness or accident of the said student. In the event of any such accident or injury.

I hereby give my full consent to allowing the ISG DAR-AL-QURAN Administration and ISG staff to procure any medical treatment deemed necessary and advisable on behalf of my child. I understand that, as a condition of admittance of each student, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant(s), hereby release; the ISG DAR-AL-QURAN and its Staff and Principal, all and every member of DAR-AL-QURAN and ISG Staff, and the Instructors from all and any liability resulting from Injury or illness, mental or physical, suffered by the student during or related to the DAR-AL-QURAN year.

I, _____ the legal parent/guardian of _____ have read and understand the above and acknowledge and accept full responsibility as described above.

SIGNATURE _____ DATE _____

Office Use only

Interview Date _____ Level _____ Days and Times _____

Teacher Signature _____

Note: _____

ID: _____