

1S270 Summit Avenue, Lower Level, Oakbrook Terrace, IL 60181 🔤 866-497-9035 🐢 www.icobt.com





TAHFIDHUL QURAN PROGRAM (2014-2015)

"The Messenger of Allah (ﷺ) said, "The best amongst you is the one who learns the Qur'an and teaches it.""

Registration starting October 1, 2014 in the following categories:

CONTINUING STUDENTS AND NEW ADMISSIONS

FEE AND CLASS SCHEDULE

The following are fee AND class schedule for each month for entire school year

Number of Students	FULL TIME Mon Fri. 8:30am-3:30pm	AFTER SCHOOL MON THU. 3:45pm-5:45pm	WEEKEND SAT. & SUN. 10:30am-1:30pm
ONE	\$300.00	\$75.00	\$60.00
TWO	\$500.00	\$150.00	\$120.00

- All payments are due on the 1st week of the month.
- Make checks or money order payable to "ICOBT".
- Registration has to be done in person during the class hours.

AGE LIMIT

The minimum age limit to join is 7 years. Students under the age of 7 may be admitted on a case-by-case basis and are put on a probationary period of two weeks.

If you have any questions regarding the Quran Classes, please see Hafiz Osman during the class hours.

For <u>REGISTRATION FORM</u>, please see the other side



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TAHFIDHUL QURAN REGISTRATION FORM (2014-2015)

PLEASE PRINT CLEARLY and (check one): \Box Full Time \Box After School \Box Weekend							
FA	THER NAME:						
MC	THER NAME:						
Phone Number (Home): Phone Number (Cell):							
Emergency Name & Contact Number:							
Street Address:							
Cit	:						
Em	Email- Father: Email- Mother:						
	Student N Firs Name	lame Last Name	Date of Birth (mm/dd/yyyy)	Fee (per month)			
1	i ii s ivaine	Last Name	(IIIII/dd/yyyy)	(per mema)			
2							
3							
			Total Fee				
Allergies/Health Concerns (If any): Please list out for each child:							
I understand and affirm that: The responsibility of drop off/pick up are solely with the parents/guardians. Islamic Center of Oakbrook Terrace Teachers/Staff/Volunteers shall not be held responsible/liable for any accidents/actions. In the event that I/we cannot be reached in an emergency, I hereby give permission to the staff/officials to secure proper treatment for my child. I/we have read and agree with the terms/conditions/policies for admission of our child:							
Parent Signature: Date:							