



1S270 Summit Avenue, Lower Level, Oakbrook Terrace, IL 60181  866-497-9035  [www.icobt.com](http://www.icobt.com)

## TAHFIDHUL QURAN PROGRAM (2015-2016)

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

Registration starting August 25, 2015 (Classes begin September 1, 2015) 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. 4:00pm-5:45pm	WEEKEND SAT. & SUN. 10:30am-1:45pm
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.
- Classes will begin for the new year on September 1, 2015

### 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 or call him at: (630) 808-4330.

For REGISTRATION FORM, please see the other side



1S270 Summit Avenue, Lower Level, Oakbrook Terrace, IL 60181  866-497-9035  [www.icobt.com](http://www.icobt.com)

## TAHFIDHUL QURAN REGISTRATION FORM (2015-2016)

PLEASE PRINT CLEARLY and (check one):  Full Time  After School  Weekend

FATHER NAME: \_\_\_\_\_

MOTHER NAME: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Phone Number (Cell): \_\_\_\_\_

Emergency Name & Contact Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email- Father: \_\_\_\_\_ Email- Mother: \_\_\_\_\_

	Student Name		Date of Birth (mm/dd/yyyy)	Fee (per month)
	First Name	Last Name		
1				
2				
3				
			<b>Total Fee:</b>	

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: \_\_\_\_\_