

## **ICOBTAHFEEDHUL QURAN PROGRAM**

### **Enroll Now For the Academic Year 2017/2018**

ICOBT is offering a very high standard **Full-Time and Weekend** Tahfeedhul Quran Courses for young boys to memorize the Quran from an early age.

Memorizing the Holy Quran holds immense reward in Islam and Huffadh hold a high status within the Muslim community and render a very important service in teaching and leading prayers, particularly during the month of Ramadan.

Uthman (رضي الله عنه) narrates that Rasulullah (صلى الله عليه وسلم) said: "The best amongst you is he who learns the Quran and teaches it." (Bukhari)

Ibn Abbas (رضي الله عنهم) reported that the prophet of Allah (صلى الله عليه وسلم) said: "He who has nothing of the Holy Quran in his heart is like a ruined house." (Tirmidhi)

	<b>FULL-TIME</b>	<b>WEEKEND</b>
<b>DAYS</b>	Monday to Friday	Saturday & Sunday
<b>TIMINGS</b>	8:30am – 3:30pm	10:30am – 1:30pm
<b>DURATION</b>	Sep 2017 - Aug 2018	Sep 2017 - Aug 2018
<b>COST</b>	\$300.00 per month	\$80.00 per month
<b>AGE LIMIT</b>	9 years & up	7 years & up
<b>START DATE</b>	August 28, 2017	September 2, 2017

**Contact:** Hafidh Osman  (630) 808-4330 or  [oshabib@gmail.com](mailto:oshabib@gmail.com)

# TAHFEE DHUL QURAN APPLICATION FORM

PLEASE PRINT **CLEARLY** AND (CHECK ONE):     **FULL TIME**     **WEEKEND MAKTAB**

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

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

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

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

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

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

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

<b>N S</b>	<b>Student Name</b>		<b>Date of Birth</b>	<b>Fee</b>
	<b>First Name</b>	<b>Last Name</b>	<b>(mm/dd/yyyy)</b>	<b>(per month)</b>
1				
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: \_\_\_\_\_