



**IQRA'** International Educational Foundation  
7450 Skokie Blvd. Skokie IL 60077 Tel: 847 673 4072 Fax: 847 673 4095  
email: [infor@iqra.org](mailto:infor@iqra.org), web: [www.iqrafoundation.com](http://www.iqrafoundation.com)



## **QUR'AN CLASSES FOR CHILDREN**

Take advantage of this opportunity to give your child a solid grounding in Allah's Noble Book.

LEARN THE ARABIC ALPHABET, TAJWEED (PROPER RECITATION)  
AND NAZIRAH (READING) WITH HAFIZ IKHLAS

**Classes start October 5th, 2009**  
**Monday - Thursday**  
**Weekly**

Two classes a day: 4pm to 5pm and 5pm to 6pm.

Design your own schedule:

One hour a week, two hours, three or four

\$10.00 an hour

**REGISTRATION STARTS:**  
**OCTOBER 1st**

**Classes will be held at:**

**IQRA' International Educational Foundation**  
**7450 Skokie Blvd., Skokie IL 60077**

**Call: 847-673-4072 ext. 223 or 234**  
**for more information**



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## **Registration Form**

**2009 - 2010**

Date of registration \_\_\_\_\_

Student Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Gender: Male / Female School Attending \_\_\_\_\_

Father's Name \_\_\_\_\_  
Last First Middle

Mother's Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Class Day (s)/ Time: (Please cross X your selection)**

<b>Day (s) / Time</b>	Monday	Tuesday	Wednesday	Thursday
4 PM – 5 PM				
5 PM – 6 PM				

**(Please circle to identify the best way to be reached during the day)**

Father: ( ) \_\_\_\_\_ , ( ) \_\_\_\_\_ , ( ) \_\_\_\_\_  
Home Work Cell

Mother: ( ) \_\_\_\_\_ , ( ) \_\_\_\_\_ , ( ) \_\_\_\_\_  
Home Work Cell

**SIBLINGS ATTENDING AT IQRA':**

1- Name \_\_\_\_\_ Day(s)/Time \_\_\_\_\_  
2- Name \_\_\_\_\_ Day(s)/Time \_\_\_\_\_  
3- Name \_\_\_\_\_ Day(s)/Time \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Name, Signature & Date

Registration Fee \$10.00 (Non Refundable) Cash Check # \_\_\_\_\_



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## **EMERGENCY HEALTH INFORMATION 2009 - 2010**

Family Name \_\_\_\_\_ Child's First Name \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

**(Please circle to identify the best way to be reached during the day)**

Father: Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Mother: Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

List two friends or relatives who have agreed to assume temporary care of your child if you cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

## **CONSENT FOR EMERGENCY MEDICAL CARE**

If my child is ill or injured at school and needs emergency care and I cannot be reached, I hereby authorize IQRA' to make whatever arrangements seem necessary. I agree to assume all responsibility and expenses, including transportation, incurred at this time. Emergency care will be provided at the **closest hospital**.

**Please note any allergies or special conditions:**

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\_\_\_\_\_  
Parent or Guardian Name, Signature & Date



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## ***Pick-Up Information***

My Child \_\_\_\_\_ is permitted to be picked up after school only by the following individual(s) :

1- Name \_\_\_\_\_  
Last First Middle

Relationship to child \_\_\_\_\_

Phone number of the above individual \_\_\_\_\_

2- Name \_\_\_\_\_  
Last First Middle

Relationship to child \_\_\_\_\_

Phone number of the above individual \_\_\_\_\_

Parent's Signature \_\_\_\_\_,  
(Mother) (Father)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_