



**American Institute
of Quran**

Masjid Al-Falaah

info@masjidalfalaah.com

AIQ at HCES Part Time Hifz Program

Registration Form

Please complete neatly and mail with check to: AIQ at HCES, Masjid Al-Falaah; 3014 Philadelphia Rd, Abingdon, MD 21009

Section 1

Family Information

Family Name: _____ Father's Name: _____

Mother's Name: _____

Home Address: _____
Street apt number city state zip code

Home Phone: _____ Work Phone: _____ Emergency: _____

E-mail: _____

Section 2

Student Information

First Name: _____ Last Name: _____ Date of Birth: _____ Gender: _____

Allergies: _____

Section 4

Payments

Instructions: Fees are: \$100 per month. Make checks or money orders payable to HCES and enter "AIQ PT Fee" in the Memo section of the check. Your canceled check or money order copy will be your receipt.

Total # of Students Registered: _____ Amount Paid: \$ _____ Paid By: Check Cash/ Money Order

Section 5

Signature

As a parent/legal guardian of the minor(s) listed above, I affirm that the above information is complete and correct. I hereby grant permission for these child(ren) to participate in all activities of the American Institute of Qur'aan(AIQ) at Harford County Education Society (HCES). I assume full responsibility for any injuries which may occur to these child(ren) in, on, or about the premises of the AIQ at HCES, or arising out of its activities, wherever it may be, including transportation to and from the AIQ at HCES and its activities, and do hereby fully and forever release and discharge AIQ and HCES as an organization, its Directors, officials, staff, its members, and all associated with it, including teachers, administrators, counselors, and volunteers, from any and all claims, demands, rights of action, or causes of actions, present or future, whether same be known, anticipated, or unanticipated, resulting from or arising out of child(ren)'s participation in the Full Time Hifz Program and activities of the HCES. I further grant permission to provide emergency first aid and/or hospitalization to these child(ren) in case of injury or illness as deemed appropriate by the AIQ at HCES. Any medical expenses incurred for medical treatment shall be my responsibility.

I agree to keep my child at part time hifz program for one quarter from date of registration. If at any time the student stops coming to AIQ at HCES parents will be responsible for paying tuition for the rest of the quarter.

Parent Signature: _____

Date: _____