



# Dar-ul-Quran Hifz School-REGISTRATION FORM



East Plano Islamic Center

[hifzschool-admin@epicmasjid.org](mailto:hifzschool-admin@epicmasjid.org)

1360 Star CT Plano, TX 75074

**Last Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Reg. #** \_\_\_\_\_

1. Child's Name: \_\_\_\_\_

Last

First

Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F

Medical Conditions: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_

Last

First

Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F

Medical Conditions: \_\_\_\_\_

3. Child's Name: \_\_\_\_\_

Last

First

Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F

Medical Conditions: \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Address**

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contact Information**

1. Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Disclaimer**

I, hereby, release the EPIC's Dar-ul-Quran Hifz School, it's agents, affiliates, partners, teachers, and volunteers of any liability of any possible injury to my child(ren) on or off the Masjid premises.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fee schedule:**

# of children	Amount
1	\$400
2	\$775
3	\$1125

**For office use only**