

1751 O’Plaine Road, Waukegan, IL 60085

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Islamic Foundation North

Summer Program-2019 Registration Form

June 17th to July 25th: Mon – Thu: 10:00 AM to 1:30 PM

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Last name

Student’s DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_ Gender: ⁭ M ⁭ F

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Tuition Fee $250 (Including Snacks, Learning Materials) - Second Child ($225) – Third Child ($175) – Fourth Child+ ($125)
* Please drop off and pick up your Children on time.
* If the child is picked up late by more than 10 minutes, a $10 late pick up fee will be charged.
* All students must follow Summer School policy, any inappropriate behavior would cause dismissal from the IFN Summer Program.

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**For Office Use Only:**

**Admission Status:** ⁭Granted ⁭ Waitlisted **Student’s level**: ⁭ Yassarnal Qur’an ⁭ Nazirah Qur’an

**Payment received:** ⁭ Yes ⁭ No

Check # \_\_\_\_\_\_\_\_\_\_ Amount Paid $ \_\_\_\_\_\_\_\_\_\_ Balance Due: $\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Cash Paid: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Balance Due: $\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_