HSQI

☐ **Full Time Tahfiz Ul Quran (Full Time Hifz) & Academic School Registration Form**

☐ **Full Time Noor Ul Quran (Part Time Hifz) & Academic School Registration Form**

(Monday-Friday 8:00 AM to 4:00 PM)

Full Time Tahfiz Ul Quran/Noor Ul Quran & Academic School Tuition

- ☐ $575.00 Monthly tuition ($25 Monthly security included)
- ☐ 5% Additional child discount
- ☐ $275.00 One-time Reg.
- ☐ 8:00 AM – 4:00 PM

Student Information:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Grade: _____ Gender: Male Female

Parent / Guardian Information:

Name of Father: _____ Phone: (_____) _____-_____ Email: _____

Name of Mother: _____ Phone: (_____) _____-_____ Email: _____

Emergency Information:

Contact: _____ Relation to Student: _____ Phone: (_____) _____-_____

Allergies: _____ Medication: _____

Medical Insurance: _____Policy #: _____

Doctor's Name: _____ Phone: (_____) _____-_____

HSQI Liability Waiver: As the parent/legal guardian of the minor listed above, I hereby grant permission for the student(s) to participate in all the activities of HSQI programs. I assume full responsibility for any injuries or damages which may occur to this student(s), in, on or about the premises of HSQI, or arising out of its activities, and do hereby fully and forever release and discharge HSQI, its employees, staff, and volunteers, from any and all claims, demands, rights of action, or causes of action, present or future, whether same, be known, anticipated or unanticipated, resulting from or arising out of the student(s) participation in the programs and activities of the aforesaid school. I further grant permission to provide emergency first-aid and/or hospitalization to the student(s) listed above in case of injury or illness as deemed appropriate by the school or a physician. Any medical expense incurred for medical treatment shall be my responsibility. I also understand that it is my responsibility to make the office aware of any medicine the child is taking.

☐ I also understand that payment is due at time of registration and is non-refundable.

_____ _____

Signature of Parent/Guardian **Date**

For Office Use Only

- ☐ Payment Received by _____ on _____
- ☐ Payment Type
  1. Post Dated Checks # _____ Payment from _____ to _____
  2. Credit Card

  Name on card _____ Number _____Expiration date _____ CVC _____