



Islamic Center of Hawthorne

Quran Memorization Center

12209 Hawthorne, Hawthorne, CA 90250
TEL. (310) 973-8000 Fax: (310) 978-4036 www.ichla.org

ENROLLMENT FORM

Semester: _____

| # | Student's Name | Date of Birth | Level | Monthly Fees |
|----|----------------|---------------|-------|--------------|
| 1- | | | | \$50.00 |
| 2- | | | | + \$30.00 |
| 3- | | | | + \$20.00 |
| 4- | | | | + \$20.00 |
| 5- | | | | + \$20.00 |
| 6- | | | | + \$20.00 |

Total Monthly Fees: \$ _____

Parental Information:

Name of Parent(s):

Mailing address:

City....., CA

Home Phone (.....)-..... Work (.....)-.....

Mother's cell phone (.....)-....., Father's cell # (.....)-.....

Emergency Contact:

Name: _____, Relationship: _____, phone: (____) _____ - _____

PAYMENT IS DUE ON THE 1ST OF EVERY MONTH

(If there is financial hardship on payment, please contact ICH office)

Auto Pay Option: (credit card)

Cardholder Name: _____

Card # --- Exp /, Code

I, the undersigned promise the following:

- 1- To regularly pay the fees for Quran Classes either in full at the beginning of the semester or on monthly installments on the **first** of every month, EVEN if the student is absent or on vacation, and is **not deductible** for holidays.
- 2- To inform ICH if my child will be absent
- 3- To drop-off and pick-up my child ON TIME.
- 4- NOT to hold ICH liable for any injuries or accidents outside the classroom or beyond class time.

Name of parent/legal guardian filling out application: _____

Signature of parent/legal guardian: _____, Date: ___/___/___