

Muslim Community of New Jersey Tajweed Registration Form

Application # _____
(office use only)

Parent / Guardian Information

Mr / Mrs. _____
(Last name) (First name) (Middle)

Spouse's Name _____ Ph _____

Address _____
(Street Address)

(City) (State) (Zip)

Home Ph _____ Cell Ph _____

Work Ph _____ Email _____

Child's Name (Last, First) (Age 5 - 13)	DOB (mm/dd/yyyy)	Gender
		M / F
		M / F
		M / F
		M / F
		M / F
		M / F

Family Doctor (Name and Ph.) _____

Emergency Contact Person _____ Ph _____

Agreement

- 1- Parents/Guardians **waive** MCNJ, its employees, students, parents, teachers, organizers, officials and volunteers of any liabilities. All disputes are subject to binding arbitration by MCNJ.
- 2- MCNJ will **not be responsible** for children staying after school timings.
- 3- Parents must pick and drop their children **on time** to/from school.
- 4- Parents/Guardian must work voluntarily once a week at school during school hours.
(Please fill in availability part).
- 5- Timings (Monday thru Thursday)*
 5:30 pm to 6:30 pm and
 6:45 pm to 7:45 pm

Parents/Guardian Voluntary Availability Hours

Day _____ (Monday Thru Thursday only)

Time _____ (5:30 pm Thru 7:45 pm only)

Monthly Fee Structure

- \$50 / child
- \$75 for 2 children per family
- \$100 for 3 or more children per family

Parent's Signature _____ Date _____

* Timings are subject to change. Parents will be informed in case there is any change in timings.