

MET Quran Institute معهد علوم القرآن الكريم YOUTH Registration Form, Ages 5+

Student Information:

Full Name (English & Arabic) الإسم	Age	Grade	School attended	Proficiency Level
	السن	الصّف	إسم المدرسة	(subject to assessment)
				Juz's/Surahs memorized:
				Arabic Reading Level: Fluent, Advanced, Intermediate, Beginn Quran Tajweed Level: Advanced, Intermediate, Beginner
				Juz's/Surahs memorized:
				Arabic Reading Level: Fluent, Advanced, Intermediate, Beginr
				Quran Tajweed Level: Advanced, Intermediate, Beginner Juz's/Surahs memorized:
				Arabic Reading Level: Fluent, Advanced, Intermediate, Beginn
				Quran Tajweed Level: Advanced, Intermediate, Beginner
Parent/Student Information for	r Stude	nts Ages	<u>5-19:</u>	
Father's Name:				
Father's Email:			Mother's Email:	
Home:	D	ad's Cell: _		Mom's Cell:
Emergency Contact Information	<u>1:</u>			
1. Full Name:			Cell Phone	e #:
2. Full Name:				e #:
2. Tuli Name.			Cell i flotte	
In Case of Emergency:				
Family Doctor:			Phone #:	
Health Insurance and Group #:			Hospital: _	
Payment Amount: \$	_ <	Cash	♦ Check	
Term (please check one):		FALL teri		n ♦ SPRING term ♦ SUMMER term
Term (please thetk one).	`	/ TALL (CIT	II V WINTER CEIII	7 STRING LETTI V SOMMER LETTI
Parent/Student Acknowledgem	ent an	d Signatu	re:	
I understand that MET is unable to off	er specio	ıl-needs edu	ication and has the right	to refuse enrollment or cease enrollment of any
student whose behavior or learning ch	_	=		
By signing below, I agree to drop off a	nd pick ι	ıp my child(ren) on time at MET for i	the MET Quran Institute classes. I understand that
_	-	-		vill also commit to a daily memorization follow-up
routine with my child(ren) at home to	ensure s,	/he meets t	he expectations and guid	delines set forth by the MET Quran Institute. I read
and fully understand the MET Quran In	istitute i	regulations	and agree to abide by th	em at all times.
I give permission that my child be phot	ographe	ed, videotap	ed, and/or voice recorde	ed as part of the MET Quran Institute proceedings,
				en) permission to use the playground structure at
· =	ms, or it	s staff liable	-	accidental injuries sustained by my child(ren).
Parent's Name:			(please print)	
Parent's Signature:			Date:	