

The Islamic Center of Jersey City

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WWW.ICJC.NET



المركز الإسلامي بجرسي سيتي

Tel: (201) 433-5000
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Email icjc@icjc.net

Sunday School Application

Date _____

Grade _____

Student # _____

Parent Information

Name _____

Address _____

Phone Home _____ Cell _____

Email _____

Student(s) Name and Age

1 _____

2 _____

3 _____

4 _____

5 _____

Parents Signature _____

For Office Use:

Monthly Fee _____ x _____ = _____

of Memorized Surah _____

Arabic Level ___ 1 ___ 2 ___ 3 _____

Class _____

Teacher _____

Notes: _____

