

The Islamic Center of Jersey City

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المركز الإسلامي بجرسي سيتي

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KOTAB 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 _____ = _____

Day(s) of week _M_ _T_ _W_ _TH_ _F_ _S_ _SU_

of Memorized Surah _____

Notes: _____

