

# 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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_