

The Islamic Center of Jersey City

17 Park St.
Jersey City, NJ 07304
WWW.ICJC.NET



المركز الإسلامي بجرسي سيتي

Tel: (201) 433-5000
Fax: (201) 433-5001
Email icjc@icjc.net

DAR AL-QURAN 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: _____

