Muslim Center of New York
137-58 Geranium Ave
Flushing, NY 11355
(718) 460-3000
www.muslimcenter.org
www.mcnyonline.org
info@muslimcenter.org
Fax: (718) 445-2175

Hifz Class
Registration Form

Student Number: _____ Date: ____ / ____ / _____

Student Name: _____
Last First Middle Initial

Date of Birth: ____ / ____ / _____ Age as of today's date: _____

Parent/Guardian Name: _____
Last First Middle Initial

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Work/Cell: _____

Emergency Contact: _____ Phone: _____

E-Mail Address: _____

Tuition:
$200.00 per child per month

_____
Parent/Guardian Signature

Official Use Only

Fee Comment:_____ Reg. Fee Received: $_____ Check:_____

Class Assigned: _____

Admission Date: _____ Principal Signature: _____

REV 3/14