

HUDSON VALLEY
ISLAMIC COMMUNITY CENTER
3680 Lexington Ave, Mohegan Lake NY, 10547

Weekend Islamic School Registration Form

Date:

Last Name:

First Name: **M.I.**

Male or Female: **Age:**

Home Address:
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Parent Name:

Home Tel: **Mobile:**

Email:

Have you attended an Islamic school before?

OPTIONAL: How would you rate your child's ability at:

Quranic Recitation:	Beginner	Fair	Good	Excellent
Islamic studies:	Beginner	Fair	Good	Excellent
Arabic Language:	Beginner	Fair	Good	Excellent

Does your child have a speech or hearing disability **Yes** **No**

General Remarks:
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Parent's Signature: