



Darul Hikmah Islamic Center

مركز دار الحكمة الإسلامي

Tel: 703-705-1666 | Web: dhicva.org
Email: dhicva@gmail.com | fb.me/dhicva
5220 Fillmore Ave. Alexandria, VA 22311



DHIC Hizul Quran Registration Form

OFFICIAL USE

	Students Full Name PRINT NAME	Date of Birth	Age	M/F	Returning Student	Level Assigned
1					<input type="checkbox"/>	
2					<input type="checkbox"/>	
3					<input type="checkbox"/>	
4					<input type="checkbox"/>	

Father's Name	
Mother's Name	
Address	City: _____ State: _____ Zip: _____

Father's Phone:	Email:
Mother's Phone:	Email:

Emergency Contact

Name: _____ Relationship: _____

Phone: (Home) _____ Cell _____

Does the student have any of the following? (Check all applicable)

Asthma: [] Heart Disease: [] Epilepsy: [] Allergy: [] Other: _____

Mental or Physical Handicap? [] Yes [] No

If Yes, specify: _____

Does the student have any sight, hearing, or impairment that would require attention?

[] Yes [] No _____



Darul Hikmah Islamic Center

مركز دار الحكمة الإسلامي

Tel: 703-705-1666 | Web: dhicva.org
Email: dhicva@gmail.com | fb.me/dhicva
5220 Fillmore Ave. Alexandria, VA 22311



Terms and Conditions

- Class Schedule:** Classes are held Monday to Friday from 5:30 PM to 7:30 PM.
- Tuition Fee:** The monthly tuition fee is \$100. Payment is due during the first week of each month.
- School Rules:** All school rules must be adhered to at all times.
- Release and Waiver:**

I, the undersigned, consent that my child,

_____ (“Applicant”), may participate in all DHIC Masjid and Hifz School activities. I hereby release and discharge the Masjid and its officers, employees, volunteers, and agents from any claims for damages related to personal injury, death, property damage, or emotional harm arising from participation in these activities, except where non-waivable by law.

5. Indemnification:

I agree to indemnify and hold the Masjid and its representatives harmless for any loss, liability, cost, or expense incurred due to my child’s participation in programs and activities on the premises.

I HAVE READ THIS AGREEMENT, WAIVER, AND RELEASE THOROUGHLY, AND I FULLY UNDERSTAND ITS CONTENTS. I ACKNOWLEDGE THAT THIS IS A LEGALLY BINDING DOCUMENT AND A RELEASE OF LIABILITY, CREATING A CONTRACT BETWEEN MASJID, MYSELF, AND THE APPLICANT. I AM SIGNING THIS OF MY OWN FREE WILL. IF ANY PROVISION OF THIS AGREEMENT IS FOUND TO BE UNENFORCEABLE, IT SHALL BE SEVERABLE, AND THE REMAINING PROVISIONS WILL CONTINUE TO BE ENFORCEABLE.

_____	_____	_____
Parent Name (print)	Parent Signature	Date

*****OFFICE USE ONLY*****

Class Placement: _____ Fees Paid: _____

Accepted by: _____ Date: _____

Principal’s Signature: _____