

16W560 91st Street Willowbrook, IL 60527 | 630.241-2000 x4 MQI@meccacenter.org | www.meccacenter.org

2018-2019 Registration Form



Family Name:			
Program(s):	/	/	

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Asalamu Alakum! Welcome to the planning and preparation of the Mecca Center's Quran Institute!

Please take your time to <u>complete</u>, <u>sign</u>, <u>and date</u> all the registration pages.

Important Information

Special medical information. Health information is a very important factor for us to deal with our students. Food Allergies are a common health problem among children. A copy of relevant medical papers regarding the child's specific health needs are required to be kept in the student's folder. MQI is not responsible for any medical mishaps that may occur that were not informed about previously and was not confirmed in writing.

Enrollment Testing

- > Placement Testing: Students will be screened before admission to MQI programming.
- > Parents will be informed what level their child will be admitted in MQI based on the screening result.

Drop Off and Pick Up

- > Drop off and pick up must be on time. Drop off and pick up are through the back entrance of the center only. Students to be picked up from the main level (Gym) at time of departure.
- > Parents may not drop off their child prior to the time frame allotted as no one will be available to supervise the students during that time.
- For the safety of our students, cell phones will not be tolerated once in school. Cars may not be left unattended. Parking must be in a way that gives others access to the parking lot.
- Emergency contacts. Emergency contact information must be up-to-date with the teachers and the administration. If for any reason the parent or emergency contacts are unable to pick up the child, the administration much be provided the name of the person who is picking up.

Registration and Tuition Fee Rules

Registration fees must be paid at time of registration.

- Tuition is due within the first five days of the month as set by the administration.
- There are No deductions for holidays, breaks or days off due to weather.
- There are No deductions if the student does not attend due to illness or vacations.
- Notification a month in advance in writing if a student is leaving the program.

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	Acknowle	edgment form
Please	initial that you have read, understood a	nd agreed to each of the following rules:
1.	·	ould be received within the first five calendar days (
2.	the month. Registration fee are non-refunction complete full school year in the programmer.	•
3.		
4.		
5.	All fees are non-refundable and	•
	Author	rization Form
Please	initial that you have read, understood a	nd agreed to each of the following rules:
*		gency facility, when I or my spouse cannot be
	Parent Signature	and agreed to each of the following rules: hould be received within the first five calendar days of andable even if for any reason the child is unable to ram. t payment as per the set schedule will be called and adprior to the beginning of the school year. Students these fees are paid. Ind non-transferable. Drization Form and agreed to each of the following rules: I child with any Emergency Medical Care, including ergency facility, when I or my spouse cannot be ne medical charges. Date Date In or videotape my child in any activities and to use
*	I authorize MQI staff to photograph ophotographs and videos in presentation	
	Parent Signature	Date
*		
	Parent Signature	Date



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Parent/Emergency Contact Information

	Parent/Guardian Name:		
	Street Address:		
	City/State/Zip Code:		
	Home Phone#	Cell Phone #	
	Email Address:		
case reac	se list names and phone numbers of the of an emergency. The emergency the or when the parents do not she acts are allowed to take the student	contacts will be contacted ow up to take the students	d in case the parents cannot be home on time. The emergency
	Emergency Contact Name	Relationship to Student(s)	Contact Phone Number
1			
2			
3			
Pare	ent Signature	Da	te



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Welcome to the Mecca Quran Institute!
We look forward in serving your child(ren)'s Quran educational needs.

Child(ren) Enrollment/Fee and Payment Information

Child(ren) Name* *Indicate Medical/Food Care	Age	Program	
	Ī		
Monthly FEES**			
\$60/monthly() \$120/mo	onthly ()	\$140/Monthly ()	
Addt'l Child \$60/monthly () \$100/mo	onthly ()	\$120/Monthly()	
Non-Refundable Re *One-time yearly fee to cove	•		
**If any Family is in need of financial assistance,	please contact t	he office to enroll in Financial Aid	
Payment Options:			
() Check Enclosed (CH#)	() Cash		
() Credit Card Visa MC AMEX [Discover	AMOUNT \$	
Account No.		() PAID IN FULL	
CSC# Expires/	Signature		



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OFFICE USE ONLY

Child(ren)'s Medical/100d Information.					
Child's Name	Program	Registration Fee	Monthly Tuition	Discount	Fina Tota
MONTHLY TuitingActivity FEE	ion Y/N Y/N				
❖ PAID IN FULL	Y/N				
MOT Signature		Data	2		