



Mecca Quran Institute • 16W560 91st Street Willowbrook, IL 60527
630-241-2000 • MeccaQi3@gmail.com • www.meccacenter.org

MECCA QURAN INSTITUTE

2017-2018 Registration Form



Family Name: _____

Programs: _____



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Asalamu Alakum! Welcome to the planning and preparation of the Mecca Center's Quran Institute!
Please take your time to **complete, sign, and date** 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 & 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 must be provided the name of the person who is picking up.

REGISTRATION & 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.
- The office must be informed a month in advance in writing if a family is planning on pulling the student out of the program.



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Acknowledgment Form

Please initial that you have read, understood and agreed to each of the following rules:

1. _____ Payment for monthly tuition should be received within the first five calendar days of the month.
2. _____ Registration fee are non-refundable even if for any reason the child is unable to complete full school year in the program.
3. _____ Any parent who does not remit payment as per the set schedule will be called and sent a formal letter.
4. _____ Registration fees are required prior to the beginning of the school year. Students cannot begin attending classes unless these fees are paid.
5. _____ All fees are non-refundable and non-transferable.

Authorization Form

Please initial that you have read, understood and agreed to each of the following rules:

- ❖ I authorize MQI staff to provide my child with any Emergency Medical Care, including transferring him/her to a nearby emergency facility, when I or my spouse cannot be reached. I will be responsible for the medical charges.

Parent Signature _____ **Date** _____

- ❖ I authorize MQI staff to photograph or videotape my child in any activities and to use photographs and videos in presentations or other promotional material.

Parent Signature _____ **Date** _____

- ❖ I authorize my child to participate in any activity that may be hosted by private or public transportation *(any activity that requires leaving the premises of the center will be notified by another slip) *

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: _____

Please list names and phone numbers of three people **other than the parents** to be contacted in the case of an emergency. The emergency contacts will be contacted in case the parents cannot be reached or when the parents do not show up to take the students home on time. The emergency contacts are allowed to take the students with them in the case where the parents cannot be reached.

	Emergency Contact Name	Relationship to Student(s)	Contact Phone Number
1			
2			
3			

Parent Signature _____ **Date** _____

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



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Child(ren) Enrollment/Fee and Payment Information

Child(ren) Name* *Indicate Medical/Food Care	Age	Program

Monthly Fees

\$60/monthly () \$120/monthly ()
Additional Child \$60/monthly () \$100/monthly ()
Non-Refundable Registration fee \$45* *One-time yearly fee to cover books and supplies per child

***If any Family is in need of financial assistance, please contact the 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

<u>Child(ren)'s Medical/Food Information:</u>

Child's Name	Program	Registration Fee	Monthly Tuition	Discount	Final Total

- ❖ Monthly Tuition Y/N
- ❖ Activity Fee Y/N
- ❖ Paid In Full Y/N

MQI Signature _____ Date _____