



Islamic Center of Fremont  
Knowledge is Wisdom

## ICF Maktab Registration Form

Student Name \_\_\_\_\_ Age: \_\_\_\_\_  
Last First M.I

Parent's Name \_\_\_\_\_  
Last First M.I

Home Address \_\_\_\_\_  
Address Apt. #  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
City State Zip Code

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name and Contact # of Parent for academic queries/discussions: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone

Location Preference: Masjid Zakariya \_\_\_\_\_ ICF Irvington \_\_\_\_\_

Maktab fees: **\$80** per month – Payable in advance on 1<sup>st</sup> of every month

\_\_\_\_\_  
(Form Received by)

\_\_\_\_\_  
(Signature & Date)

\_\_\_\_\_  
(Parent/Guardian Signature & Date)