

# Quran Hifth Program



**\* Attach the VOID Cheque to this form**

LONDON *Muslim* MOSQUE

151 Oxford Street West  
London, ON N6H 1S3  
(519) 439-9451

**QHP Registration**

**quranhifth@londonmosque.ca**

## Pre-Authorized Donation

I, (print name) \_\_\_\_\_ want to support the London Muslim Mosque's **Quran Hifth Program** through pre-authorized monthly donations.

Names of Students: 1 \_\_\_\_\_ 2 \_\_\_\_\_  
3 \_\_\_\_\_ 4 \_\_\_\_\_  
5 \_\_\_\_\_ 6 \_\_\_\_\_

Donation Amount: \$40 \$70 \$80 \$100 \$130 Other : \_\_\_\_\_

Please debit my bank account and..... **(Attach a VOID Cheque) \*\***

**Donation Receipt Name:** \_\_\_\_\_ (who is paying)

Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

cancellation: I may revoke my authorization at any time, **subject to providing a notice of, 1 Month in advance a (30 days notice)**. To obtain a cancellation form it can be emailed to [quranhifth@londonmosque.ca](mailto:quranhifth@londonmosque.ca)

**PLEASE ATTACH a Void Cheeque**

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OR email to  
[quranhifth@londonmosque.ca](mailto:quranhifth@londonmosque.ca)



## Registration form

London Muslim Mosue / Quran Hifth Program (QHP)

quranhifh@londonmosque.ca

**Monthly Fee:** AW, automatic withdrawal Monthly, provide a Void Cheque with the Pre-Authorized Debit from from your bank.

Semi-weekly halaqa (per Month): \$40, IQRA \$100, 1-day halaqa \$40, Mother's halaqa: \$40/month

**Communication:** QHP will be communicat ( via above email, quranhifh@londonmosque.ca) Parents will need to provide an active email

**Lateness/Pick-Up Policy:** Students must arrive promptly at the beginning of the halaqa. If they are dropped off early, they must be supervised and should review their Quran quietly. We cannot allow students to be unsupervised in the Masjid or in the Mosque lobby. Parents must pick up students at the appropriate time to ensure that there are no issues with supervision.

**Name (s) of Students:**

Last name: _____	First Name: _____	D.O.B _____	Gender: M / F
		dd/mm/yy	
<b>Can read Arabic:</b>	<b>Yes No</b>	<b>Memorized Sourahs:</b> _____	
Last name: _____	First Name: _____	D.O.B _____	Gender: M / F
		dd/mm/yy	
<b>Can read Arabic:</b>	<b>Yes No</b>	<b>Memorized Sourahs:</b> _____	
Last name: _____	First Name: _____	D.O.B _____	Gender: M / F
		dd/mm/yy	
<b>Can read Arabic:</b>	<b>Yes No</b>	<b>Memorized Sourahs:</b> _____	
Last name: _____	First Name: _____	D.O.B _____	Gender: M / F
		dd/mm/yy	
<b>Can read Arabic:</b>	<b>Yes No</b>	<b>Memorized Sourahs:</b> _____	

**Father's Name:** \_\_\_\_\_ **Mother's Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Postal code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **2<sup>nd</sup> Email Address:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_ **Home Phone Number:** \_\_\_\_\_

**I have read and agree with the above requirements and expectations.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Chose & Check one Program	Select Days and time	Times and Note
Semi-weekly halaqa	Mo. Tu. We. Th. Fr.	
IQRA Wartaqi One-	Mo. Tu. We. Th. Fr.	
day halaqa Mothers	Mo. Tu. We. Th. Fr.	
halaqa Adults	Mo. Tu. We. Th. Fr.	
halaqas	Mo. Tu. We. Th. Fr.	