



AL MADINA INSTITUTE OF KNOWLEDGE

Rev. 9/2023

AL MADINA MASJID

At 1502 Woodlawn Drive, Baltimore, Maryland 21207

Registration Form

http://almadinahmasjid.com

Also register at http://aikmd.com

Email: AIK@Almadinahmasjid.com

"Whoever seeks a path in search of knowledge, Allah will ease his path to paradise - Tirmizi"

AIK Schooling is Affiliated with Acellus Academy, a fully accredited school

PROGRAM ENROLL: [] Alimah Program [] Islamic Studies [] Quraan Classes [] Hifz Program

STUDENT Information

PARENT Information

NAME: FIRST LAST

Father's Name: Mother's Name:

D.O.B: GENDER [] Female [] Male

Father's Email: Mother's Email:

TELEPHONE # Cell # Emergency #

Father's Cell # Mother's Cell #

HOME ADDRESS: City:

I do hereby acknowledge, consent and agree to all of the AIK terms and conditions. I declare and represent that I am the parent or guardian of the Child (listed above).

Student's Email :

I declare and authorized by signing this form, I am agreeing to and giving permission to auto withdraw a fee as per my child enrollment checked box. Its for my child's education in AIK for the year 2023-24.

Student Sign:

Arabic (QURAN) [] Read [] Write Urdu: [] Reading/Writing [] Speaking Register Member of Al Madina/AIK. [] Yes [] No

By signing this form, I certify that, the informations provided are true and accurate.

Subject of Islamic Studies and level of Knowledge:

BANK Information

Parent Sign:

Bank Name: Account # Routing #

Account Name:

Fee : It is for AIK operational expenses, and for AIK events. Enrollment

Table with 3 columns: Fee Description, Amount, and checkbox. Rows include Registrarion Fee, Alimah Program, School Fee, Hifz Program Fee, etc.

Office USE ONLY

Total Fee Received: Balance:

Method of Payment: [] Check [] Cash [] Bank direct withdraw [] Credit Card

Signature: Name:

Credit Card: Exp. Date: CVV #

Date Received: New Application: [] Yes [] No Recommended [] Yes [] No