



# JAMIAH ISLAMIYAH ABU BAKR

2665 Lawrence Avenue East Toronto, ON M1P 2S2 Tel. No. (416) 750-2253

Email: [info@smacanada.ca](mailto:info@smacanada.ca) Website: [www.smacanada.ca](http://www.smacanada.ca) Fax: (416) 750-1616

## TAJWEED PROGRAM REGISTRATION FORM

### SCHOOL HOURS

(12:00pm – 1:45pm)  
Saturdays Only

### STUDENT'S INFORMATION (PLEASE PRINT):

Official Name: \_\_\_\_\_  
(First Name) (Last Name)

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ Buzzer #: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home #: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male  Female   
(DD) (MM) (YYYY)

Country of Birth: \_\_\_\_\_ Status in Canada: \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(DD) (MM) (YYYY)

Does the child suffer from any allergies? If yes, specify \_\_\_\_\_

History of previous Quraan/ Tajweed education: \_\_\_\_\_

## PROGRAM FEE

Madrasah Fee Payment Options (Please read carefully and make payment (s) accordingly)	1 Student
Monthly Pre-Authorized from the Bank. Payments over 12 months. Including the month of RAMADAN (Please provide VOID cheque)	\$30

### Please attach your void cheque and \$10 Registration fee

I, \_\_\_\_\_ hereby authorize Scarborough Muslim Association to withdraw a madrasah fee of \$ 30 from my account on the **22<sup>nd</sup> of every month**. This agreement will be terminated upon cancellation from the madrasah via withdrawal form available in the office. **I am solely responsible for ensuring the correct amount of fees is available on the 22<sup>nd</sup> of the month**. If for any reason funds are not received from my account on the **22<sup>nd</sup> of every month** an additional **\$10 charge** per transaction will apply for the subsequent month. I understand that is my responsibility to inform SMA of any bank changes.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(DD) (MM) (YYYY)