



Maktab Registration Form

Maryam Center / Masjid Maryam
Fredericksburg, Virginia

Registration Information: Please complete all required fields marked with an asterisk (*). This form must be submitted to the Maryam Center office before the start of classes.

Student Information

Student First Name *

Student Last Name *

Date of Birth *

 

Grade Level *

 

Previous Islamic Education Experience

Please describe any previous Quran or Islamic studies education

Parent/Guardian Information

Parent/Guardian First Name *

Parent/Guardian Last Name *

Email Address *

Primary Phone *

Secondary Phone

Street Address *

City *

State *

ZIP Code *

Emergency Contact

Emergency Contact Name *

Relationship *

Emergency Contact Phone *

Medical Information

Allergies or Medical Conditions

Please list any allergies, medical conditions, or special needs we should be aware of

Medications

Please list any medications the student takes regularly

Program Preferences

Classes of Interest *

- Quran Recitation (Tajweed)
- Quran Memorization (Hifz)
- Islamic Studies
- Arabic Language

Parent/Guardian Acknowledgment

- I commit to ensuring my child attends classes regularly and completes assigned homework.
- I understand that students are expected to maintain Islamic conduct and respect for teachers and fellow students.
- I will ensure timely drop-off and pick-up of my child from classes.
- I give permission for my child to be photographed for Maryam Center promotional materials (optional).

Parent/Guardian Signature

Date

Maryam Center / Masjid Maryam

For office use only: Registration #: _____ | Date Received: _____ | Processed By: _____