



MCNJ Membership Fees*: \$100/Yr

Cash [] Check# _____

_____	_____	_____
Father's Last Name	First Name	Middle Name
_____	_____	_____
Mother's Last Name	First Name	Middle Name
_____	_____	_____
Home Phone	Cell Phone	Address
_____	_____	_____
Email: _____		
_____	City	State
_____	_____	Zip

Sunday School Fees:			
New Reg. Fees (\$25/child): _____	Total Due: _____		
Book Fees (\$40/child): _____	Amount Paid _____		
Tuition:	Balance: _____		
1 Child (\$200) _____	Cash [] Check# _____		
2 Children (\$300) _____	_____		
3 or More (\$375) _____	_____		

EMERGENCY CONTACT (other than parents/guardians)

_____	_____	_____
Contact Name	Relation to Student	Phone

STUDENT INFORMATION

Last Name	First Name	M/F	Date of Birth	For Office Use (Level)

Please make check payable to **MCNJ** and write **“Sunday School”** in memo area.

1. Do your children have access to the Internet at home? [] Yes [] NO
2. Do your children attend a Quran memorization program outside of the MCNJ Sunday School? [] Yes [] NO
3. How many surah's of Juz Amma (30th Juz) has your child memorized? _____

We have received and read the Rules and Etiquettes instructions and shall abide by the same.

Note: Families with proven financial difficulties may apply for tuition assistance. Subject to approval by School Administration. Please ask for the application form.

Parent/ Guardian Signature: _____ Date: _____