Masjid Darul Iman

"Faith - Education - Community"

1330 Castlemore Avenue, Markham | Tel: (905) 209-8200 | www.daruliman.org

Fulltime Hifz Program

Year 2026 – 2027 Session | Timings: 8:30 AM – 3:00 PM
(Monday - Friday)
Classes start from Sunday, September 8, 2026

REGISTRATION FORM

Last Name	First Name	Grade	Date of Birth	Gender

Interested in optional academic studies: Yes_____ No_____

Name of Parent / Guardian:

Father: _____ **Mother:** _____

Email*: _____ **Address:** _____

Apt./Unit: _____ **City / Postal:** _____

Phone: _____ **Emergency Phone#:** _____

Any medical conditions or allergies we should be aware of? _____

- $300.00 per child, per month for 12 months
- $150.00 for second child onward
- For cash full year fee: $3600.00 will be payable
- Payable through void cheque or credit card

Payment Method Options:

[ ] Void Cheque Attached

[ ] Credit Card (VISA / MasterCard / AMEX)

Card #: _____

Expiry: ____ / ____ CVV: _____

I hereby release Masjid Darul Iman from all claims for damages arising from any accident or injury which is caused by or arises from participation of the applicant(s) named herein, during any program or in any facility where the program is held.

Parent/Guardian Name: _____ **Signature:** _____ **Date:** _____

- DETACH HERE -

OFFICE ACKNOWLEDGEMENT SLIP

Name of Student: _____ **Admitted in:** Fulltime Hifz Program

Date Admitted: _____ **Authorized Signature:** _____

(Please bring this admission slip with you on the first day of class.)