



- Farsi (Persian Language)
- Islamic Studies
- Quran

Time: 10:00 am to 2:30pm

Student First Name: _____ Last Name: _____

Grade Level: _____ Date of Birth : _____

Parent/Guardian Name: _____ Phone #: _____

Address: _____

E-Mail: _____

I understand that this is a parent volunteering program and children are under their parents' supervision in the Center and no responsibility is assumed by the Center and its management team for the health and safety of children and their parents.

Parent Signature: _____

