



# Islamic Society of Greater Harrisburg

407 N. Front St., P.O.Box 7436, Steelton, PA 17113

Tel. No. (717) 417-8018 Email: [isghpa.president@gmail.com](mailto:isghpa.president@gmail.com) or [council@isghpa.org](mailto:council@isghpa.org)

Website: <https://isghpa.alminaret.com>

Register online: <https://forms.gle/YhRK1TPsbd7eqbx47>

## ISGH Student Registration Form

- ☐ Sunday School      ☐ Summer Hifz Trial      ☐ Youth Hybrid School  
☐ Evening School      ☐ Hifz/Cyber School      ☐ Quran Competition

No	Student's Name	D.O.B	Gender	Grade in Public School
1				
2				
3				
4				
5				

\*Use additional forms for enrolling more than five children.

Do any of your children have any existing medical condition that requires special attention? If yes, please explain: \_\_\_\_\_ Family

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

### Section 2: Parent Information

Father's Name: \_\_\_\_\_ Mother's Name (optional): \_\_\_\_\_ Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact PH #: \_\_\_\_\_

We want the school to obtain any such medical care as necessary for the welfare of my children through a qualified person, physician or a hospital in case of any injury or sickness during school hours. We hereby waive all rights or claims against the school and the Masjid, its teacher and staff and the council.

Parent/Guardian Signature \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 3: For Office Use Only

School Administrator signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received: \$ \_\_\_\_\_ Cash      Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

Please use back of this form for comments and suggestions.

This form and more information are available at <https://isghpa.alminaret.com>