

Bala Datta Registration form Karya Siddhi Hanuman Temple



Child's Information

Last Name	
First Name	
Gender	M / F - Circle one
Birthdate	/ / -- mm/dd/yyyy
Age:	<input type="text"/> as of Aug. 31
Session&Class	<input type="text"/> <input type="text"/>
Status	OK WL

Second Child (if necessary)

First Name	
Gender	M / F - Circle one
Birthdate	/ / - mm/dd/yyyy
Age:	<input type="text"/> as of Aug. 31
Session&Class	<input type="text"/> <input type="text"/>
Status	OK WL

Field Names in **Bold** are Required Fields

Family Information

	Parent 1 / Guardian 1	Parent 2 / Guardian 2
Name		
Street Address		
Address (cont.)		
City, State, Zip		
Home Phone		
Work Phone		
Cell Phone		
E-mail		

Language Class

If Age > 5

- Hindi
- Kannada
- Tamil
- Telugu

KSHT requires at least one parent to be present with your kid.

Volunteer Opportunities: Please check the area's you would like to help

- Teaching Snacks Class Material Preparation Other Projects

Special Needs:(Allergies, Medications, or any other needs:) _____

How did you hear about Bala Datta?: _____

Suggested Min. Donation: \$85 per student; **Please make check payable to Datta Yoga Center or KSHT.**

Amount Rcvd: _____ Check No.: _____ Cash Credit Card

Waiver and Release: In consideration of your accepting my child's participation in the Bala Datta program, I hereby, for any member of family or guest, waive and release Datta Yoga Center –DFW (DYCDFW) and Karya Siddhi Hanuman Temple (KSHT) and their officers, trustees, volunteers and members, and all other persons participating in the program, or involved in planning or execution of the program, from all liability or claims including any injury to any member of my family or my property. If any member of family or any guest I bring into center damages property of DYCDFW or KSHT, I agree to pay to get such damage repaired to the satisfaction of DYCDFW and KSHT.

Signature: _____

Date: _____

Name: _____

2009-'10