VIDYAKENDRA OF HINDU COMMUNITY CENTER

156 Schuyler Ave.
Kearny, NJ 07032

Temple (201)-997-5556
www.hindumandirnj.org

2009-10 Registration Form

General Registration Fees: $150 (Prayer, Yoga, Gujarati, Hindi, Heritage)
Bharat Natyam: $200
Music : (Harmonium or Tabla or Vocal) **$300 ea**
Late Fee on or After Sept. 13 $20

Receipt No:_____
Check No:_____

Received By: _____

Name	**First**	**Last**	**SCHOOL GRADE (1 to 12) :** _____	
Student			**Birth Date**	___ / ___ / _____ (MO/DAY/YR)
Father			**Phone No.**	
Mother			**Emergency Contact** **Name:** **Relation:** **Cell:**	
E-Mail Address:				

Address:

_____] _____] _____] _____
Street **City** **State** **Zip**

Current Student: YES / NO If Yes, # of years attended_____

Sunday Classes Only, 9 am-1 pm (1 to 2 pm for Music and Bharat Natyam only)

Class (Min. Age)	Class Selection (Select Maximum **3** ONLY)	Yrs Attended	FEE
Gujarati 6+			
Hindi 6+			
Heritage 6+			
Yoga 10 +			**150**
Bharat Natyam 6+			
Music- Harmonium 8+			
Music- Vocal 8+			
Music- Tabla 8+			
		TOTAL	

Notes:

1. **On Sundays, the Prayer Class is mandatory at 9 AM, unless exempted by the office.**
2. **All students and parents must abide by the rules and regulations as published by the Vidyakendra office.**
   (Copy of such rules regarding dress uniforms, alcohol, tobacco and substance abuse, etc. is available at the office)

I understand that the Hindu Community Center and the Vidya Kendra will not be responsible for any accidental injury or illness. I authorize them to provide necessary medical treatment in case of emergency. I hereby release the Hindu Community Center, Vidya Kendra and their trustees and volunteers from any and all claims of liability. Fee is not refundable and non-transferable.

Make check payable to HINDU COMMUNITY CENTER.

Signed by: _____ (Authorized Parent/Guardian) Date: _____

PRINT NAME:_____