For Office use only :
Age group: A , B, C, D
Language stream: HI or HT
Registration: Paid_____ No____
Allergies: Yes _____ No____

Sunday School
Arya Samaj Markham

REGISTRATION FORM

4345 14th Avenue. Markham, Ontario L3R 0J2

Name Of Student _____
(Last Name) (First Name)

Gender: Male / Female **Date of Birth _____** **Age _____**
(Please circle as applicable) **(dd/mm/ yyyy)**

Contact Telephone: _____ OHIP Number _____

Home Address _____

Allergies *: Yes / No (Please circle as applicable)

If Yes , Please list the allergies: _____

Emergency contact

Mother's Name: _____ Father's Name: _____

Telephone: _____ Telephone : _____

E-mail_____ E-mail _____

Languages spoken at home: _____

Hindi Language Skills of the student: Speak _____ Read _____ Write _____
(Please tick as applicable)

Student is spoken to in Hindi at home: Yes / No
(Please circle as applicable)

Note: Sunday School Annual donation: $30 for First Child and $20 for Every additional child of the same family

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In consideration of acceptance of my child for the activities (including Yoga) of Sunday School, Arya Samaj Markham, on my behalf and on the behalf of my child, I accept all risks which may be suffered by my child and agree that teachers /instructors shall not be liable in any manner for any damages resulting from any injury to my child, however caused including an act of negligence. I also agree to indemnify the teachers/instructors and Sunday School and save them harmless with respect to any claim brought against them. I also give permission for my child to participate in field trips organized by the Sunday School.

***I have read and am aware of Sunday school's Policy regarding food allergies.**

Parent's/ (Student's if over 18 years) signature_____

For more Information and registration, Please contact:
ASM : 905- 475-5778 or check the website : http://www.vedicculturalcentre.com

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