

For Office use:

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

Last Name: _____

First Name: _____

Address: _____

Gender : Male Female

Age: _____

Date of Birth _____

OHIP Number _____

Telephone: () _____

Any Allergies ? No _ Yes __ List them:
(use back of the page if needed) *

Emergency contact

Mother's Name: _____

Telephone : () _____ E-mail_

Father's Name: _____

Telephone : () _____ E-Mail__

Class Registration:

Language spoken at home: _____

Hindi Language Skills: the student can:

Speak _____

Read _____

Write _____

Student is spoken to in Hindi at home _____

Sunday School Annual donation: \$ 30.00 _____

Every additional member of the same family: \$20.00 _____

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 _____

Date: _____

For more Information and registration:

Please contact: Ajit Wadhwa: 416-491-7584 (Coordinator)