

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

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>