

# ***Mandir Bal Vihar***

1732 Reynolds Avenue, Irvine, CA 92614



श्रद्धावान् लभते ज्ञानम्: ऋग्वेद

## REGISTRATION FORM

### CHILD'S INFORMATION

Child's Name (First, middle, last): \_\_\_\_\_

Date of Birth (Month, Date, Year): \_\_\_\_\_

Address: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

### PARENT'S INFORMATION

Mother's Name (First, middle, last): \_\_\_\_\_

Father's Name (First, middle, last): \_\_\_\_\_

### CONTACT INFORMATION

Mother's Cell Phone #: \_\_\_\_\_

Father's Cell Phone #: \_\_\_\_\_

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### LIABILITY/INDEMNIFICATION AUTHORIZATION

I hereby grant permission for my child to participate in the Mandir Bala Vihar program. I agree to indemnify and hold harmless the Mandir and their agents, employees, volunteers, officers, hosting facility, and any co-sponsors of the Mandir programs from any and all injury, cost or expense, including reasonable attorney's fees incurred as a result of my child's participation in the Mandir Bala Vihar program.

Mother's Signature: \_\_\_\_\_

Date Signed (Month, Date, Year): \_\_\_\_\_

Father's Signature: \_\_\_\_\_

Date Signed (Month, Date, Year): \_\_\_\_\_

### WILLINGNESS TO VOLUNTEER

Are you willing to volunteer at the Mandir Bal Vihar? (YES/NO)

If yes, please indicate how you could help us:

\_\_\_\_\_

Do you want Language Class as well? (Circle one): Hindi / Tamil / Other \_\_\_\_\_