

# VIDYAKENDRA OF HINDU COMMUNITY CENTER



156 Schuyler Ave.  
Kearny, NJ 07032

## 2010-11 Registration Form

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

**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. 10 \$20**

Receipt No: \_\_\_\_\_  
 Check No: \_\_\_\_\_  
 Received By: \_\_\_\_\_

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

**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 <small>(Select Maximum 3 ONLY)</small>	Yrs Attended	FEE
Gujarati 6+			
Hindi 6+			
Heritage 6+			
Yoga 10 +			<b>150</b>
Bharat Natyam 6+			
Music- Harmonium 8+			
Music- Vocal 8+			
Music- Tabla 8+			
<b>TOTAL</b>			

**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:** \_\_\_\_\_