



ASM Arya BalVihaar : REGISTRATION FORM

Vedic Cultural Centre 4345-14th Ave, Markham, ON L3R 0J2 Phone (905) 475-5778 www.aryasamajmarkham.org

September 2024 - June 2025, Every Sunday

1- STUDENT'S INFORMATION

Child Name	Date of Birth (day/month/year)	Age	Gender M/F	Health Card #
1.				
2.				
3.				

2- HEALTH & EMERGENCIES

Allergies: Yes/No (Please circle as applicable). If Yes, Please list the allergies _____

3- REGISTRATION INFORMATION

Father's Name: _____ Cell #: _____ Home #: _____ E-mail: _____

Mother's Name: _____ Cell #: _____ Home #: _____ E-mail: _____

Address: _____ City: _____ Postal Code: _____

Emergency contact: Name: _____ Cell#: _____ Home #: _____

Person **authorized** to pick up child: Name: _____ Cell#: _____ Home #: _____

Languages spoken at home _____

Hindi Language skills of the student : Speak _____ Read _____ Write _____

Hobbies _____

Special Skills/Talent _____

4- ARYA BALVIHAAR ANNUAL FEES

\$100 Per child for the full academic year Sept. 2024 - June 2025

Method of Payment

- **CASH**
- **CHEQUE: Payable to Arya Samaj Markham**
- **E-TRANSFER aryasamajmarkham@gmail.com**

Children= _____ Amount= \$ _____

TOTAL=\$ _____

5- WAIVER

In consideration of the acceptance of my child for Arya BalVihaar, on my behalf and my child's behalf, I accept all risks and agree that neither Arya Samaj Markham, City of Markham, nor the Regional Municipality of York shall be liable in any manner whatsoever for any damages resulting from any injury to my child, however caused, including by any act of negligence. I also agree to indemnify Arya Samaj Markham, City of Markham, and the Regional Municipality of York with Respect to any claim or action which may be brought against them by or on behalf of my child. I also give permission for my child to participate in any activities and to participate in field trips organized by Arya BalVihaar. I authorize Arya BalVihaar to take photos and or videos of my child and consent them to be used for promotional purposes of Arya BalVihaar.

Date: _____ Parent/Guardian Name : _____ Signature: _____

Shashi Sehgal: (647) 574-7442 Yukta Lau: (647) 217-8783