

Sanatan



Vidyalay

REGISTRATION FORM 2012 - 2013

Directions : Submit one registration form per family and one medical form per child.
Make Check payable to SKN Foundation for appropriate amount.

Section I : Parent Information

Mother's/Guardian

Last Name

First Name

Fathers Last Name

First Name

Street Address:

City:

State:

ZIP

Home Phone

Work Phone

Cell Phone

Email

Primary Telephone Contact

Mother

Father

Section II : Student(s) Information

Last Name	First Name	Date Of Birth	E Mail

Registration fee \$ 100 per child : Write Check to "SKN Foundation" Address: 4 Lanning Way Hillsborough NJ 08844

Photography Permission

In the course of Vidyalay events and activities, photographs and/or video photography may be taken. These photographs/videos may be posted on bulletin boards, Vidyalay website, published in Newsletters and/ or the Yearbook. The videos and photography may be shown to audience and used for Vidyalay's promotion.

It is the policy of Vidyalay not to identify individual names with photos of minors on external media outlets.
We agree that photographs and Videos of my child may be used under these guidelines.

Important

I (We), the parent/gaurdian of the registrant, a minor, agree that the registrant and I will abide by the rules of Sanatan Vidyalay. I understand that the organizers and teachers make every best effort to care for my child(ren) but will not be held responsible for any accident injury or illness caused at the school premises.
I hereby release Sanatan Vidyalay, the Sunday School organizers and teachers from any claims of liability.

Name:

Parent/Legal Gaurdian

Signature

Date

Sanatan Vidyalay Use Only

Check No.:

Cash

Amount

Medical form complete

Recorded by: