

Balvihar

New Mexico

Enrollment Form (2013-2014)

\$75/year or \$10/month

Today's Date : _____

Basic Information

1. Child's name : _____ Date of Birth: _____

2. Child's name : _____ Date of Birth: _____

3. Child's name : _____ Date of Birth: _____

Address : _____

_____ State: _____ Zip: _____

Home Phone: (____) _____ - _____

Father's Name : _____ Cell No.: _____

Mother's Name: _____ Cell No.: _____

Email: _____

Emergency Contact

1. Name: _____ Contact No.: _____

2. Name: _____ Contact No.: _____

Allergies (if any): _____

School(s) information

Child 1 School: _____ Current Grade: _____

Child 2 School: _____ Current Grade: _____

Child 3 School: _____ Current Grade: _____

Other information

Languages (child speaks/understands): _____

Other information which might be helpful: _____

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Liability Release Information

We, the parent(s)/guardian of _____ authorize HTSNM and/or Balvihar to arrange emergency medical care for the above named child while at the Balvihar's program. We also hereby release HTSNM and Balvihar, its agents, owners, employees, volunteers from any claims for accident, injury or loss of valuables that may occur during his/her stay at the Balvihar. My signature below acknowledges my release and waiver of any claim for damages from any such accident, injury or loss.

Sign: _____ Print Name: _____

Date: _____

Late Pick-up Fees

We, the parent(s)/guardian of _____ agree to pay a late pickup fee of \$1.00 per minute if the parents/ guardian is not available when the program closes.

Sign: _____ Print Name: _____

Date: _____

Media Release

We, the parent(s)/guardian of _____, do hereby consent and agree that Balvihar, and its volunteers have the right to take photographs or digital recordings of my child during the period of the Aug' 2013- July' 2014 for the promotion of Balvihar through brochures, newsletters, web-site, Group email and Facebook. I further consent that my child's name and identity may be revealed therein or by descriptive text or commentary. I understand that there will be no financial or other remuneration for recording my child, either for initial or subsequent transmission or playback.

I have read and understand the foregoing statement, and am competent to execute this agreement.

Sign: _____ Print Name: _____

Date: _____