



## Balvihar Enrollment Form 2021-2022

**Fees:** Cash or check (payable to Balvihar New Mexico). \$100/year for first child and \$75/year for 2+ children (each family will only pay a maximum tuition of \$175/year if they have 2+ children enrolling).

### Basic Information:

Child 1:

Name	
Date of Birth	
School & Grade	
Allergies	

Child 2:

Name	
Date of Birth	
School & Grade	
Allergies	

Child 3:

Name	
Date of Birth	
School & Grade	
Allergies	

**Parent's Information:**

Address	
Father's Name	
Father's Cell	
Mother's Name	
Mother's Cell	

**Emergency Contact:**

(If parents cannot be reached):

Contact 1 Name	
Contact 1 Cell	
Contact 2 Name	
Contact 2 Cell	



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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(ren) while they are attending the Balvihar program and/or activities. We also hereby release HTSNM and Balvihar, it's agents, owners, employees, and volunteers from any claims for accident, injury, or losses that may occur during his/her stay at Balvihar and/or activities hosted by Balvihar. My signature below acknowledges my release and waiver of any claim for damages from any such accident, injury, or loss.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Media Release:

We, the parent(s)/guardian of \_\_\_\_\_, do hereby consent and agree that HTSNM and/or Balvihar, and it's volunteers have the right to take photographs or digital recordings of my child during the period of August 2021 through May 2022 for the promotion of Balvihar through brochures, newsletters, website, WhatsApp, email, Facebook, and HTSNM social media accounts. I further consent that my child's name may be revealed therein or by descriptive text or commentary. I understand that there will be no financial or other compensation to my child either for the initial or subsequent use of their photographs or digital recordings. I have read and understand the statement above.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_