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| **GAYATREI REGISTRATION REQUEST**2020-2021 |
| **Please read the REGISTRATION REQUEST CAREFULLY. You are responsible for all the information included in the registration request.****PARENT / GUARDIAN #1**(This person will receive all mailing and billing information and is responsible for payment) |
| First Name: |
| Last Name: |
| Relationship: | Email: |
| Current address: |
| City: | State: | ZIP Code: |
| Home Phone: | Cell Phone: | Work Phone: |
| **PARENT / GUARDIAN #2** |
| First Name: |
| Last Name: |
| Relationship: | Email: |
| Current address: |
| City: | State: | ZIP Code: |
| Home Phone: | Cell Phone: | Work Phone: |
| **REGISTERED CHILD #1** |
| First Name: |
| Last Name: |
| Date of birth: |  Male Female |
| Specific instructions regarding emergency care: |
| List any known allergies: |
| **REGISTERED CHILD #2** |
| First Name: |
| Last Name: |
| Date of birth: |  Male Female |
| Specific instructions regarding emergency care: |
| List any known allergies: |
| **EMERGENCY CONTACT** |

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| I authorize the following adult (must be at least 18 years old) to be contacted in case of an emergency and/or pick up my child(ren). |
| Name of a relative not residing with you: |
| Address: | Phone: |
| City: | State: | ZIP Code: |
| Relationship: |

Important Information –

1. Classes will start from 13-September.
2. Each student will get certificate at the end of the year provided student must have minimum of 70% of attendance during the school year.
3. $110 is the annual fee which needs to be paid while returning the filled form. There is early bird discount of $10 if you register before Nov 1st.
4. For questions, concerns and submit your form, please email us on gayatreischoolmn@gmail.com

**Payment Details:**

**Payment Confirmation number-**

**Click this link to finish your payment:**

https://geetaashrammn.org/donate

**Dates of GAYATREI Class:**

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| **2020** | **2021** |
| Sep 13, 27 | Jan 10, 24 |
| Oct 11, 18 | Feb 7, 21 |
| Nov 1, 22 | Mar 7, 21 |
| Dec 6, 20 | April 4, 18 |
|  | May 2, 16 |