

**Chinmaya Mission Austin
Bala Vihar Registration**



Parent's Information

Last Name			
Parent's First Names			
Address			
City, State, Zip			
Home Phone			
Mother's Cell Phone		Father's Cell Phone	
Email (only one address)			

Children's Information

#	Last Name	First Name	DOB (m/d/y)	School Grade
1				
2				
3				

Release of Claim

Our Child/ Children _____ are permitted to attend the Bala Vihar classes and related activities organized by Chinmaya Mission Austin. We understand that Chinmaya Mission Austin and/or its volunteers are not accountable or responsible for any accidents or injuries related to these activities. We will not hold Chinmaya Mission Austin responsible for any such incidents. We have read and understood this Release of Claim Form.

Signature (Father): _____ (Mother): _____ Date: _____

Bala Vihar Contribution (Aug – May) is \$ 500 per family.

CMA Use Only

Payment	Check / Cash	Amount	Date
	Check #	Bank	
Session		Notes	