



CHINMAYA MISSION D/FW
Chinmaya Mission - Coppell / Flower Mound
Rockbrook Montessori 477 Highland Drive Lewisville, TX 75067

For use by Chinmaya officials only
Amount:

Check#:

Receipt#:

Full/Half:

Member#:

Membership Registration 2008-2009

PLEASE ENTER ALL REQUESTED INFORMATION BELOW LEGIBLY AND IN BOLD LETTERS.

Parent Information:

Mother's Name:		
Last Name:		
First Name:		
Father's Name:		
Last Name:		
First Name:		
Street address:		
City:	State:	Zip:
e-mail (please use all caps):		
Home Phone:	Alternate Phone:	

Children's Information:

	Last Name	First Name	M/F	Birth day MM/DD/YY	Age as of 09/01/2008*	Grade 2008- 2009**	Session I, II or III ***
Child 1							
Child 2							
Child 3							

* - Only children 5 years or older are accepted.
 ** - Please enter the grade the child is attending in school.
 *** - Session I - 3:30 - 5:00 PM

Volunteer Opportunities: Please circle the area(s) you would like to volunteer

1. Teaching	9. Festivals
2. Office Help	10. Decoration/Temple
3. Food	11. Book Store
4. Slokathon	12. Language Classes
5. Supplies	13. House Keeping
6. Yagnas/Special Events/Picnic	14. Dance/Music/Theater/Choreography
7. Website	15. Accounts
8. Mailing/Database	16. Audio/Video Recording

Other Information:

Emergency Contact:	Phone:
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Special Needs: (allergies, medications, medical problems, learning, disabilities, or any other needs.)

I /We give consent to CM D/FW, to publish the following information in the membership directory. Check all applicable: Name [] Address [] Telephone [] e-mail []

Waiver and Release

In consideration of your accepting my child’s participation in the above program, I hereby, for myself and my child, waive and release Chinmaya Mission, and their officers, trustees, volunteers and members, and all other persons participating in the program, or involved in planning or execution of the program, from all liability or claims arising from any injury to myself, my child or my property. This release shall include, without limitation, all claims extended only to the person committing willful injury and not to any other person released hereby.

Signature: _____

Date: _____

Printed Name: _____

Annual Membership: \$50:00 per family (Valid till August 2009)
One Child: \$200/Child through Dec. 2008 (1 semester; includes \$50 membership fee)
\$300/Child through May 2009 (2 semesters; includes \$50 membership fee)
Two or more children: \$300 through Dec. 2008 (1 semester; includes \$50 membership fee)
\$450 through May 2009(2 semesters; includes \$50 membership fee)
Please make checks payable to Chinmaya Mission D/FW
Please mail checks along with the completed registration form to:
17701 Davenport Road, Dallas, TX 75252.