



CHINMAYA MISSION D/FW

Coppell/ Flower Mound Center
Rockbrook Montessori, 477 Highland Drive
Lewisville, TX 75067
Tel: 972-618-5342, 972-491-0606

For use by Chinmaya officials only
 Amount:
 Check#:
 Receipt#:
 Full/Half:

Membership & Bala Vihar Registration 2007-2008

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 08/01/2007*	Grade 2007-2008**	Session I or II
Child 1							
Child 2							
Child 3							

* - Only children 5 years or older are accepted.

** - Please enter the grade the child is attending in school.

CFM center meets on Saturdays – Session I: 1:00 to 2:30 PM, Session II: 3:30 PM – 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

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 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: _____

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Annual Membership: \$50:00 per family
One Child: \$200/Child through Dec. 2007(1 semester; includes \$50 membership fee)
\$300/Child through May 2008 (2 semesters; includes \$50 membership fee)
Two or more children: \$300 through Dec. 2007 (1 semester; includes \$50 membership fee)
\$450 through May 2008 (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.