



HINDI LANGUAGE TUTORIALS

(Elementary I and II)

Date _____
Father _____
Mother _____
Address _____

Email (Parent) _____
Email (Student) _____
Phone Number _____

Do you speak Hindi at home?

- Yes
 No

Are you a Hindu Center member?

- Yes
 No

Registering for:

- Elementary Hindi I
 Elementary Hindi II

	Student's Name	Date of Birth	Allergies
1			
2			
3			
4			

Please mention below any special needs that the student might have.

(for office use only)

Membership Number: -----

Prescribed Donation of \$25 Received **Yes** **No**

Donation received by **Cheque** **Cash**

Received by: -----

Signature: -----