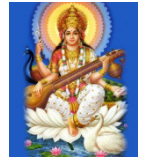




# Balavikas Enrollment



Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Mother's Name \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

**\$75 per child per year**

**Make Checks payable to "India Cultural Foundation ( ICF )"**

Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Check \_\_\_\_\_