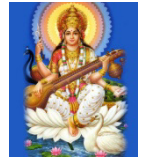




Balavikas Enrollment



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)"

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