

**Chinmaya Ganapati
(Chinmaya Mission Twin Cities)
2017-2018 Renewal Form for Existing Members**

Center Location: Chaska (West) 1st Session Chaska – Sep 17, 2017
 St. Paul (East) 1st Session Chaska – Sep 16, 2017

Family Information

Parents	Last Name	First Name	
Children (If applicable)	Last Name	First name	Language*

* Select a language -Language placement will be based on skill level as determined by teachers at the beginning of new session. Language choices at Chaska – Hindi/Marathi/Tamil/Telugu and at St Paul – Hindi/Telugu.

Change in the Address / phone/ email from last year? YES NO

If YES, Please write ONLY the changed information from last year.

Please tell us any Email addresses to be added or removed:

Chinmaya Ganapati (Chinmaya Mission Twin Cities) (herein after referred as CMTC) is a volunteer organization. The participation and cooperation of all its members is critical for the functioning of this organization.

I/We and on behalf of our children agree to abide by the Policies and Procedures of facilities where CMTC events are held. I assume all responsibility for damage or liability of any kind in connection arising out of all CMTC activities and further agree to hold harmless CMTC organization or its operating committee or any of its members from any liability or expense in connection with all CMTC activities. CMTC is not responsible for lost or stolen personal items during CMTC events. CMTC's Board of Trustees reserves the right to terminate any member's (adults or children) enrollment without a prior notice, if it decides that the member is disruptive to mission's functioning.

For safety and security of the children, CMTC requests that one of the parents always be present on the premises.

Signature of the member

Date

Please make donation check payable to "Chinmaya Mission Twin Cities" or "CMTC"

Date: _____ Check # _____ Donation Amount: US \$ _____

(Suggested donation: 1) Family: \$500 per child, Maximum: \$1000 per family. 2) Individual/Couples without Balvihar children: \$250)

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At least one parent should be present along with your children while they are attending the CMTC activities for reasons of safety and security. Exceptions will be made by the CMTC Board on case by case basis. In case of emergency, we will contact 911 and you using the information provided below.

Please indicate any medicine allergies or other information useful for medical assistance.

Parent(s) Information:

Last Name: _____ **First Name:** _____

Last Name: _____ **First Name:** _____

Emergency contact phone(s):

Child Name : _____ **Grade:** _____

Allergy / Medical Information:

Child Name : _____ **Grade:** _____

Allergy / Medical Information:

Child Name : _____ **Grade:** _____

Allergy / Medical Information:

Signature of the member

Date