



SRI SRI SANSKAR KENDRA

Children's Form



Child's Name : _____ M/F _____

Date of Birth & Age : _____ (between 7 and 11 years)

Name of School, Branch : _____ Class : _____

Father's Name : _____ Mobile _____ Done AOL Y/N _____

Occupation : _____ Organisation _____ Designation _____

Mother's Name : _____ Mobile _____ Done AOL Y/N _____

Occupation : _____ Organisation _____ Designation _____

Address (Resi.) : _____

_____ Pin _____

Resi Tel No. : _____ Joint/Nuclear Family

Email Id (Actively used by parents) _____

About the child : Done ART Excel : Yes / No _____

- Language spoken : _____, _____, _____
- Special Skills : _____, _____, _____
- Loves to Play : _____, _____, _____
- Fond of Eating : _____, _____, _____

Medical Condition : _____

Child's
Photo
Here

Sr. No. :

SSSK Venue : _____

SSSK Code : _____

SSSK Teachers : _____

Session joined from _____

Donation Received _____

Cash / DD No. _____

dt _____

Bank _____

Parent's Declaration

I undertake that the information furnished above is correct and to the best of my knowledge. My child will be participating in the Sri Sri Sankar Kendra (SSSK) on my own will and I take full responsibility for his/her participation in this program. I release "Ved Vignan Mahavidyapeeth", all organisers, coordinators, teachers and assistants in this program from any alleged adverse effect whatsoever and waive all rights of compensation. I declare that my child is physically and mentally able to participate in this program.

Parent's Signature : _____

Date : _____

Acknowledgement Slip

The proper Receipt would be issued later. Session starts on.....

SSSK Full Address:

Name of the Child

Parent.....

Donation Received Rs. (Rupees

Mode of Payment: Cash / DD No..... dated..... Drawn on (Bank)

Date : Received by : Name..... Signature :