

CJSA School Registration Form

Central Jersey Sikh Association, P.O. Box 347, Windsor, NJ 08561 Phone: 609-371-6188

- Fill out the form below.
- Make payment at the Treasurer's desk. Request Treasurer to put receipt number on this form.
- Turn in the form to the CJSA School Coordinator by the 3rd Sunday after Labor Day for the Fall semester (and by the 2nd Sunday after January 7 for the Spring Term – if signing up for Kirtan class).

Student Name: _____ Date of Birth: _____

Which grade is the child in at his/her school? _____

Parent/Guardian Name: _____

What will the student be registering for? (Please check all that apply).

___ Regular Classes for the full year (Sundays 10 am – 12:20 pm) – Fee: \$50 per child per year

___ Kirtan Class for Fall semester (Sundays after Langar) – Fee: \$100 per child per semester

___ Kirtan Class for Spring semester (Sundays after Langar) – Fee: \$100 per child per semester

Address: _____ City/State/Zip: _____

Phone Number: _____ Email: _____

If you were enrolled in CJSA School previously, what was your Punjabi level? ___ Sikh Studies Level? ___

Name two persons that we can contact in case of an emergency if the parent/guardian cannot be reached.

Person's name: _____ Phone: _____

Person's name: _____ Phone: _____

Name of Physician: _____ Phone: _____

Health Insurance Plan: _____ Health Insurance ID: _____

If there are any medical conditions we need to be aware of, please describe them below.

Acknowledgement (to be signed by parent/guardian): My child and I have read the Student Code of Conduct and agree to its terms. I understand that failure to follow this code will result in disciplinary action and possible dismissal of the student from CJSA School.

Parent/Guardian Signature: _____

Waiver (to be signed by parent/guardian): We waive all rights and privileges to bring any lawsuit against Central Jersey Sikh Association (CJSA), its officers and volunteers, in case my/our child receives any bodily injury participating in CJSA activities including transportation. I/We give permission for my/our child to receive emergency medical or surgical treatment and hospitalization if necessary.

Parent/Guardian Signature: _____ Date _____

For Official Use Only

Fee Receipt No: _____

Classes Assigned: Punjabi: _____ Sikh Studies: _____ Kirtan/Gurbani: _____ Other: _____

Comments: _____

CJSA Sewadar Signature: _____ Date: _____