



Hindu Temple & Cultural Society of USA, Inc.
Sri Venkateswara Temple (Balaji Mandir) & Community Center
 (Non-Profit Tax-Exempt Organization.)
 1075 Route 202/206, Bridgewater, NJ-08807 Ph: (908) 725-4477

HTCS EDUCATIONAL PROGRAM (VIDYALAYA) REGISTRATION FORM

CLASS INFORMATION

Session: _____ Language/Program: _____

STUDENT INFORMATION

Full Name: _____
 (First Name) (Last Name)
 Date of birth: _____ Age: _____ Gender: Male Female
 DD/MM/YYYY

PARENT INFORMATION

Mothers Name: _____ Work ☒ : _____ Mobile ☒ : _____
 Fathers Name: _____ Work ☒ : _____ Mobile ☒ : _____
 Home address: _____ Home Phone: _____
 City & State: _____ Zip: _____
 E-mail (Mother): _____ Email (Father): _____

All correspondence will primarily be via email only

PARENT EXPECTATIONS

Please describe your expectations from this class for your child.

ACKNOWLEDGEMENT

I understand that this is a volunteer-run program and I will be available to assist in at least one Vidyalaya activity during the year.
 (Please check) Yes No

HTCS VIDYALAYA - PARENT VOLUNTEER INTEREST FORM

The HTCS Classes depend on parents to volunteer to make it a successful one for the children. While not mandatory, we urge parents to contribute your time to improve the quality of the experience for the children. Please check areas of interest: If you're unsure of what the position entails, check it anyway and ask a teacher or coordinator for more details. Thank you!

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| <p>Teaching</p> <p><input type="checkbox"/> Language instruction</p> <p><input type="checkbox"/> Stories</p> <p><input type="checkbox"/> Teaching thru games</p> <p><input type="checkbox"/> Homework checking/help</p> <p>Other</p> <p><input type="checkbox"/> Other (please describe) _____

 _____</p> | <p>Coordination & Logistics</p> <p><input type="checkbox"/> Class coordination – recruit teachers, volunteers, communicate with parents</p> <p><input type="checkbox"/> Vidyalaya Day Preparation & Coordination (annual program where children showcase their learning)</p> <p><input type="checkbox"/> Class logistics or support (handouts, presentations, Web page etc.)</p> <p><input type="checkbox"/> Social events (Picnic, special holidays etc.)</p> |
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PARENT SIGNATURE

Signature of the Parent: _____ Date: _____

FOR OFFICE USE ONLY: TEACHER INFORMATION (TO BE FILLED IN BY THE CLASS COORDINATOR / TEACHER)

Name: _____ Signature: _____

FORM SUBMISSION INSTRUCTIONS

Please send **an electronic (soft) copy** of the completed form to the class teacher