

NEPALESE COMMUNITY SOCIETY OF CALGARY

Nepali Language Class Registration Form

Last Name _____ First Name _____

Date of birth (year/ month/ day) _____

Current day school _____ Grade _____

Alberta Health Card No. _____

Residential Address

_____ Street _____ City Province AB , ZIP _____

Parent/ Guardian

Father's Name _____ Ph. No _____ (home) _____ (work)

E-mail address _____

Mother's Name _____ Ph. No _____ (home) _____ (work)

E-mail address _____

First Emergency Contact

Name _____ Ph. No _____ (home) _____ (work)

Second Emergency Contact

Name _____ Ph. No _____ (home) _____ (work)

Medical conditions: Allergies, if any

I hereby request my child _____ (first name) for his/her admission to Nepali Language class conducted by NCSC, Calgary.

Name of Parent/Guardian _____ Signature _____ Date _____

For NCSC office use only

Registration fee (\$30) paid in Cash _____ Cheque _____

Student Admission date _____

Instructor's name _____

Class hours _____ to _____ on _____ days

Class starting date _____ Class end date _____

Registration person's name _____ Signature _____ Date _____