Khalsa Gurmat School

Registration Form

Complete one form for each student. Registration and fees cover the full school year.

Submit the completed form and payment in person to the KGC office. Registration questions: wagurmatschool@gmail.com

1 Student Information

Student Full Name			
Date of Birth	MM/DD/YYYY	**Gender**	

2 Parent or Guardian Information

Parent or Guardian Name			
Address			
Primary Phone		**Secondary Phone Optional**	
Email Address			

3 Emergency Contact

Contact Name		**Primary Phone**	

4 Main Program Selection

Choose one main enrollment option.

- ☐ **Preschool** $200 for the full school year
- ☐ **Kindergarten** $200 for the full school year
- ☐ **Regular Student Program** $300 for the full school year

Regular Student Program includes: one Gurmat class, one Gurmukhi class, and one elective.

5 Elective Selection

Regular Student Program students choose one elective.

☐ **PE**	☐ **Life Skills**	☐ **Dilruba**
☐ **Kirtan**	☐ **Tabla**	☐ **Mathematics**

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6 Fees and Payment

Program	Full School Year Fee	What the Fee Covers
Preschool	**$200 per student**	Preschool registration for the full school year
Kindergarten	**$200 per student**	Kindergarten registration for the full school year
Regular Student Program	**$300 per student**	One Gurmat class, one Gurmukhi class assigned when the form is submitted, and one elective selected on this form

Payment and submission: Fees are per student and non-refundable. There are no sibling discounts or additional-child prices. Submit the completed form and payment in person to the KGC office.

7 Medical and Activity Permission

Doctor Name		**Doctor Phone**	

I give permission for my child to join the Khalsa Gurmat School, in any of the activities or trips sponsored by the sewadars of the school. I hereby release them from responsibility and liability for any illness or injury that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity as agent for me, to consent to any x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon, dentist (as appropriate), licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

8 Parent Agreement and Signature

I also understand the registration fees for the school are non-refundable and that I agree to respect and follow all the rules and regulations laid out in the Khalsa Gurmat School Parent Handbook. This document will be valid and in full effect till the student continues to study at the Khalsa Gurmat School.

Date MM DD YYYY	Parent or Guardian Printed Name	Parent or Guardian Signature

9 Office Use Only

Amount Received	**Payment Method**	**Receipt Number**	**Received By**
Date Received	**Level Assigned**	**Evaluated By**	**Notes**

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