

# Sanskriti School (2010 – 2011)

Please print or type one application for each child

Student's Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Grade as of (9/10) \_\_\_\_\_ Age as of (6/10)\* \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Mother's/Guardian Name \_\_\_\_\_ Mother's Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Employment Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's/Guardian Name \_\_\_\_\_ Father's Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Employment Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

T-Shirt Size: **Youth:** \_\_\_ Small \_\_\_ Medium \_\_\_ Large **Adult:** \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ XLarge

Additional shirts are available at \$6.00 each. If interested, please indicate size(s): \_\_\_\_\_

Enrollment Choice: Both Modules: \_\_\_\_\_ Module I (Language) only: \_\_\_\_\_ Module II (Culture) only \_\_\_\_\_

## EMERGENCY CONTACTS/ PICK-UP ALTERNATIVE

These persons will be authorized to pick-up your child at any time. **In an emergency these people must be able to arrive within one hour.** Please list **three** contacts other than parents/guardians. We will not release your child to any other persons unless we receive a written note or phone call stating the name, telephone number, and relationship of the pick-up contact. (Identification will be required).

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Additional # \_\_\_\_\_ Town \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Additional # \_\_\_\_\_ Town \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Additional # \_\_\_\_\_ Town \_\_\_\_\_

Who May **NOT** Pick-Up Your Child? \_\_\_\_\_ (Please attach any supporting documents)

List any medical conditions for which the child is currently under the care of a physician: \_\_\_\_\_

Current treatments and restrictions due to above: \_\_\_\_\_

List any medications the child is taking: \_\_\_\_\_

Medications to be administered at school must be in original container accompanied by written and signed instructions of the parents or doctor. Students may not carry medications at any time.

**Off-site trips:** Permission is hereby granted to Sanskriti/ AILIV to take my child to the outdoor playground area and on trips as part of the regular program. Parents will be notified in advance of any impending trip. Initials \_\_\_\_\_

Permission is granted to Sanskrit/AILIV to use photographs/videos of my child for use of Sanskriti/ AILIV publicity. Sanskriti/ AILIV value its members' privacy. No photos or videos will be made without consent of the parent.

\_\_\_\_Photos Permitted \_\_\_\_No Photos Permitted Initials \_\_\_\_\_

**PARENT/GUARDIAN AND AILIV/ Sanskriti AGREEMENT**

Rules for acceptance and participation in cultural school are the same for everyone without regard to race, color, national origin, sex, age or disability. It is understood that all students will be treated as individuals and respect will be shown for normal differences in tastes, preferences, abilities and range of behavior patterns. Sanskriti/ AILIV reserves the right to dismiss a child from school whose special needs we are not able to meet or whose conduct is not in the best interest of the total school including but not limited to attendance requirements —**without refund**.

By signing this agreement, I agree to place my child in the care of the Sanskrit/ AILIV volunteers/ staff, subject to its rules and requirements. I give permission for him/her to take part in all school activities and field trips. I will review and reinforce the school conduct policy with my child prior to the start of school. Children not following the conduct policy may be suspended or expelled from school with no refund. In the event the responsible parents/guardians cannot be reached, I give my permission to the medical personnel selected by Sanskriti/ AILIV to transport, hospitalize, secure proper treatment and to order injections, x-rays, routine tests, anesthesia or surgery for my child and to release any records necessary for insurance purposes.

**Fees:**

**\$250 per year for both modules; \$200 per year for each additional sibling**

**\$150 per year for one module; \$125 per year for each additional sibling**

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please send the completed form along with your payment to:**

**AILIV  
C/o Shobha Gunnery  
48 Lincoln Ave  
Livingston, NJ 07039**

For Use by Teachers/ Volunteers only:

Payment Amount Received: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Payment:

Check: No.: \_\_\_\_\_ Issuing Bank: \_\_\_\_\_

Credit Card: Online only Date Paid: \_\_\_\_\_