

**CONNECTICUT SIKH ASSOCIATION
GURUDWARA GURU NANAK DARBAR
1610 WEST STREET SOUTHWINGTON CT 06489
PHONE: 860-621-3015**

Gurmat School Registration Form FEE: 31:00

Punjabi /Virsa class= _____ Kirtan Class = _____

Name: _____

Female () Male () Date of Birth ____/____/____ Age: (Minimum 5 yrs)_____

School Grade completed in June 2017:

Parents Name: _____

Address: Street: _____ Apt. # _____

City: _____ State: ____ Zip: _____

Home Phone # _____ e mail: _____

Mobile Phone # _____ WhatsApp # _____

Medical insurance _____ Policy no _____

Primary insurance person name -----

Emergency Contact: _____

Can the school volunteer administer over the counter medication to your child, if needed
for medical reason : YES NO

We give permission to our Son / Daughter to participate in all planned activities / field trips or other summer camp sponsored activities. We acknowledge that we have counseled our child to follow school policies to maintain the expected behaviour

Signature of parent