

Drikung Dharma Surya Center Garchen Children Practice Registration 2016



Sunday Morning 10 AM to 12 Noon



I would like to volunteer and assist the education program by the following (check as many as apply).

Substitute Teacher _____ Teacher _____ Assistant Teacher _____

Donate craft supplies _____ Chaperon on planned outings _____

Show and tell (a skill or teaching) _____

Anything you need (I'm flexible) _____

Please feel free to contact _____ with questions or concerns at 703-273-5189

or email us at gar.kids.ddsc@gmail.com

PLEASE PRINT

Parent/Guardian Names _____

Phone (_____) _____ Cell (_____) _____

Email _____

Emergency Contact _____

Child lives with () both parents () mother () father () other _____

Note: If child lives in two different households, please add 2nd household information on the back.

Student's Full Name	Nickname	Age	DOB	Grade in School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Child's special interests and activities:

What do you hope your child will gain from Garchen Children Program?

My permission is given for my child's picture to appear in newsletters, pamphlets, web page, and other forms of media concerning Drikung Dharma Surya Center. (_____) Yes (_____) No

I, the undersigned, certify that all the information on this form is correct to the best of my knowledge. I give permission for the above named child to participate in Garchen Children Practice at DDSC. I understand that I, or the other listed parent/guardian, am required to remain at DDSC while my child attends Garchen Children Practice, and that no other person is authorized to remove my child from the Center without my **written** permission. This authorization shall be effective for the year 2016.

Parent/Guardian signature _____ Date _____