

Chinmaya Mission Twin Cities

2010-2011 Registration Form

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Location:

12575 County Road 43, Chaska, MN 55318
(I-494/MN-5 West in Eden Prairie to Hwy 212 West to CR 43)

Balvihar Schedule 10:00 – 10:30 Assembly 10:35 – 11:35 Culture/Religion 11:45 – 12:30 Language	Study Group Schedule 10:00 – 10:30 Assembly 10:35 – 11:35 Study Group 1 11:45 – 12:30 Study Group 2	Time: Sundays - From 10:00 to 12:30 1st Session: 12 Sep 2010
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Membership

An annual membership is required to participate in Balvihar (religion and language classes) and/or Adult Study Group. Suggested donation from members is very much appreciated. The proceeds from donations are used towards meeting various expenses like facilities for classes, events, insurance, other program expenses e.g. Yagnas (spiritual discourses). Included in the annual membership is the subscription to the Chinmaya Mission's Newsletter as well as other publications Mananam , Balvihar and Tapovan Prasad publications.

We strongly urge the parents of the Balvihar children to be involved in the activities of Chinmaya Mission. At least one parent should be present along with their child for security / emergency reasons.

The Center offers two types of Annual Memberships:

Family :	Family membership includes <ul style="list-style-type: none">• Balvihar for children• Study Group for Adults, spiritual discourses
Individual Adult:	Study Group for Adults, spiritual discourses

Suggested Donation

- Mission suggests donation at the time of registration to cover expenses incurred during the year. The donation is tax deductible to the extent allowed by law. Mission will give receipt once the admission is confirmed.
- For **Family** membership, donation is based on number of children in a family who are enrolling. \$500 for the first child, \$500 for second child. Donation is capped at \$1000 per family.
- The **Individual Adult** –suggested donation is \$250.
- Please complete registration form in all details including emergency information.
- Note that Language Class is optional.

Please Note:

- Individual members can join any time.

- If families have recently moved from another place and they were participating in Chinmaya Mission in that city, we will consider admitting the family even if registration has closed.
- In general, we will accept registration for children from PRE-KG onwards. Your child's grade in upcoming fall school year will decide eligibility.
 - **Note:** In PRE-KG class at all times one parent has to be present in the class. Further PRE-KG child cannot attend language class. Further the child should be **at least 3-1/2 years** old as of Sep 1, 2010. These PRE-KG children cannot advance to KG class till they attend KG grade in school.

Admission Allotment

- The number of children who can register for Balvihar classes is limited.
- The spaces are filled in "first come first served" basis.
- **Returning members will get preference for admissions till May 23, 2010.**
- After that everyone (new or returning member) is admitted based in the order of receipt of application.

Refunds:

- **For NEW members ONLY**, donation will be refunded within first 2 Sunday sessions from the start of session in case member decides to drop out. Donation will not be refunded starting from 3rd Sunday session. Please let Admissions coordinator know if you decide to drop out. There is always a waiting list so those families will benefit.
- **Donation will not be refunded for RETURNING members once they register.**

How do I know if my child is admitted to Balvihar?

Around 1st week of August, we will email **NEW** families confirmation of admission or waitlist status. If waitlisted and do not get admission, we will issue refund.

Registration forms:

If you are not an existing member, mail the completed form along with suggested donation to address mentioned below.

Chinmaya Mission Twin Cities, 12575 County Road 43, Chaska, MN 55318

Admissions Coordinator for this year: Ishani Jhanjee - Phone: 612-961-8735

Questions? Visit www.chinmaya-twincities.org or contact Admissions coordinator.

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Type of Membership: **Individual** (Study Group) Complete section 1
 Family (Balvihar, Study group) Complete section 1&2
 New member **Returning member**

Section 1: Individual / Family Membership Information

Individual / Parents	Last Name	First Name	
Address:			
	City:	State:	Zip:
Phone(s):	(home)	(cell) 1.	2.
Email(s):			
	Please give only one email that you will check regularly.		

Section 2: Balvihar (Children) Information (if applicable)

Last Name	First Name	Birthdate MM/DD/YYYY	School Grade (As of Sept 2010)	Language * OPTIONAL

* **Select a language (Hindi, Marathi, Tamil, Telugu, Gujarathi). Language placement will be based on skill level as determined by teachers at the beginning. Language is optional.**

Chinmaya Mission Twin Cities (herein after referred as CM) is a volunteer organization. The participation and cooperation of all its members is critical for the functioning of this organization.

I/We and on behalf of our children agree to abide by the Policies and Procedures of facilities where CM events are held. I assume all responsibility for damage or liability of any kind in connection arising out of all CM activities and further agree to hold harmless CM organization or its operating committee or any of its members from any liability or expense in connection with all CM activities. CM is not responsible for lost or stolen personal items during CM events. CM's Board of Trustees reserves the right to terminate any member's (adults or children) enrollment without a prior notice, if it decides that the member is disruptive to mission's functioning.

Signature of the member

Date

Please make donation check payable to "Chinmaya Mission Twin Cities" or "CMTC"

Date: _____ Check # _____ Donation Amount: US \$ _____

Chinmaya Mission Twin Cities Medical Information

At least one parent should be present along with your children while they are attending the Balvihar classes for reasons of security and emergency. Exceptions will be made by the CM Committee case by case basis. In case of emergency, we will contact 911 and then you using the information provided below.

Please indicate any medicine allergies or other information useful for 911 paramedics.
This form will be carried by Committee members while the Balvihar activities are conducted.

Parent(s) Information:

Last Name: _____ **First Name:** _____

Last Name: _____ **First Name:** _____

Emergency contact phone(s):

Child Name : _____ **Grade:** _____

Allergy / Medical Information:

Child Name : _____ **Grade:** _____

Allergy / Medical Information:

Child Name : _____ **Grade:** _____

Allergy / Medical Information:

Signature of the member

Date