



CHINMAYA MISSION D/FW CHINMAYA PARIVAR REGISTRATION FORM

PLEASE ENTER ALL REQUESTED INFORMATION BELOW LEGIBLY AND IN BOLD LETTERS.

PARENT INFORMATION:

FATHER'S INFORMATION:		
LAST NAME	MIDDLE INITIAL	FIRST NAME
MOTHER'S INFORMATION:		
LAST NAME	MIDDLE INITIAL	FIRST NAME
HOME ADDRESS		
STREET		
CITY	STATE	ZIP
E-MAIL ADDRESS (PLEASE USE ALL CAPS)		
HOME PHONE	ALT. PHONE	

CHILDREN'S INFORMATION:

LAST NAME	FIRST NAME	M/F	BIRTHDAY (MM/DD/YY)	GRADE

PAYMENT OPTIONS:

- 1. SINGLE PAYMENT (\$1200)
- 2. TWO PAYMENTS (\$600 each)
- 3. MONTHLY AUTO DRAFT (\$100/month)

SIGNATURE: _____ DATE: _____