



# Shri Ghanshyam Bal Yuvak Mandal (SGBYM) Registration Form\*

Shri Swaminarayan Mandir (I.S.S.O of Chicago, Inc) Vadtal Dham® 397 Northgate Parkway, Wheeling, IL 60090

Phone: (847) 808-9980

<http://www.shriswaminarayan.org>

- ❖ SGBYM conducts two different regular classes: SGBYM (Sanskrutik) & Gujarati (language).
- ❖ Gujarati classes have open enrollment – twice a year. Contact SGBYM coordinators for details of enrollment period.
- ❖ SGBYM (Sanskrutik) classes can be registered any time.
- ❖ Age limits (for both classes): 6 Years and up.
- ❖ For updating any existing record of the current student, use check box below against the current student name.

Student(s) Information					
#	Full Name of Student(s) (i.e. Ajay Arvindbhai Patel)	Date Of Birth (MM/DD/YYYY)	Current Student?	SGBYM Class	Gujarati Class
			Check the box below as applicable.		
1.	Name:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Email:				
2.	Name:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Email:				
3.	Name:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Email:				

Contact Information			
Parents Name	Father:	Mother:	
Parents Email			
Telephone	Home: (     )     -	Cell: (     )     -	
Home Full Address (Clear in CAPITAL)	Street:	Apt/Unit:	
	City:	State:	ZIP Code:
Emergency Contact	Name:	Phone: (     )     -	

Miscellaneous Information:	
Any medical condition we should know about Child (Children)?	Yes <input type="checkbox"/> / No <input type="checkbox"/> (If "Yes", please provide full detail below)
Child Name:	Medical Condition:
Child Name:	Medical Condition:
Child Name:	Medical Condition:

**Consent:**

- Regular attendance is required for smooth learning of a class as whole.
- Individual respect, behavior, discipline, and dignity must be maintained.

**The information supplied above is correct. I authorize I.S.S.O of Chicago to utilize this information for temple use only. I understand that it is my/our responsibility to assure good and proper behavior of our child(ren) at the temple during temple activities.**

**Parent(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*\*Class Registration may be rejected if any information is missing or incomplete.*

**Note:** Shri Swaminarayan Mandir, Wheeling, IL - ISSO of Chicago, Inc, keeps this personal information confidential and does not share or sell it without permission.

<b>Office Use Only:</b>	Master List Updated: ____ Approved by: _____ Date: _____ ID # _____
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