

Shiksha4Kids

Contact Information

Child Name	
Parent Name	
Street Address, City, ST, ZIP	
Home Phone	
Cell Phone	
E-Mail Address	
Emergency Contact Name	
Emergency Contact Phone	

* Please fill up a separate form for each child

Agreement and Signature

Shiksha4Kids & Alka Gupta are not responsible for liabilities of any nature.

Thank you for completing this application form and for your interest in this enriching hindi class.

Name (printed)	
Signature	
Date	