

Registration Form: SRA - Jain Samaj Manchester

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NAME OF CHILD/DATE OF BIRTH		 	\vdash	<u> </u>		<u> </u>	<u> </u>	├	<u> </u>	\square	S	U	R	N	Α	M	Е		D	D	M	M	Υ	Υ
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MOTHER'S NAME		<u> </u>	<u> </u>	<u> </u>	<u> </u>	igspace	<u> </u>	L			S	U	R	Ν	Α	M	Е					$\bigsqcup^{ }$		
FATHER'S NAME		<u></u>		<u> </u>		<u></u>	<u> </u>	<u> </u>			S	U	R	N	А	M	Е							
ADDRESS																								
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RELIGION:	JAIN	1		OTHER				SPECIFY																
CONTACT NUMBERS - MOTHER	L	А	N	D	L	I	Ν	Е				M	0	В		L	Е							
CONTACT NUMBERS - FATHER	L	А	N	D	L		Ν	Е				M	0	В		L	Е							
EMAIL ID - MOTHER																								
EMAIL ID - FATHER																								
Would you like to get involved, help organise events if needed? YES													NO]									
Please find attached a cheque of in name of Jain Samaj Manchester SRA FEES £10 PER CHILD PER TERM OR £30 PER CHILD THREE TERMS AMOUNT																								
FEES can also be paid online by visting 'One off Donation' link on our website https://jainsamajmanchester.org/donations/																								
Declaration:															1									
We consent our pictures (children and adults) and details can be used by Arhat Touch/SRMD affiliated organisations for promotion.															ĺ									
We consent to let our Children have vegetarian snacks if provided.																								
He/She does not have any allergies. If so please specify: Child Name/Details:															_									
Any medical condition we need to be aware No Yes If Yes please provide details in separate sheet.																								
Please submit completed form in pe	Please submit completed form in person or by email to : arhat@jainsamajmanchester.org																							
SIGNATURE - MOTHER													DAT	E		ſ	D	D	M	M	Υ	Υ	Υ	Υ
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SIGNATURE - FATHER													DAT	Έ			D	D	M	M	Υ	Υ	Υ	Υ
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FOR OFFICE USE ONLY:	$\overline{}$															-	_					_	_	_
APPROVAL NAME: APPROVAL SIGN:													DAT	E			D	D	M	M	Υ	Υ	Υ	Υ