



Project Bhakti
 (c/o Hindu Endowments Board)
 397 Serangoon Road Singapore 218123
 Tel: 6593 9205 Email: pb@heb.org.sg



Student Registration Form

Note: All fields marked with an asterisk (*) are compulsory.

First Name*: _____ Last Name*: _____

Address*: Blk _____ Unit: _____ Street: _____
 _____ Postal Code*: _____

Tel (Home)*: _____

Date of Birth (DD/MM/YYYY)*: _____ Gender*: Male Female

Nationality*: Singaporean Permanent Resident Others: _____

Name of School*: _____

Level/Grade at School*: Kindergarten _____ / Primary _____ / Secondary _____

Physical/Medical Conditions: _____

 Father's Name Mobile Phone Number Email (*Pls write in **capital letters***)

 Mother's Name* Mobile Phone Number* Email* (*Pls write in **capital letters***)

 Emergency Contact* Emergency Phone Number*

Disclaimer:

By registering my child(ren) in Project Bhakti, I/we give full permission for him/her/them to participate in all activities conducted by the program. I/we understand that in the event of any unforeseen emergencies, the Hindu Endowments Board, its members, volunteers or any agents of HEB are permitted to provide immediate help to my child(ren). I/we will not hold Hindu Endowments Board or any of its members/volunteers/agents responsible for any liabilities arising out of my/our child(ren)'s participation in the Project Bhakti program and I/we release Hindu Endowments Board and any of its members or volunteers or agents from any and all such legal claims.

I/We will ensure that my/our child(ren) is(are) physically and mentally fit to participate in sports, physical exercises, meditation, and other activities of Project Bhakti.

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| Course Fee: \$30 per child for 12 weeks |
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 Parent's/Guardian's Signature*

| ** FOR OFFICIAL USE ONLY ** | |
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| <p align="center">Payment Information</p> <p><input type="checkbox"/> P <input type="checkbox"/> NP <input type="checkbox"/> FA</p> <p>Receipt Book No. : _____</p> <p>Receipt No. : _____</p> | <p>Module Assigned: _____</p> <p>Transport required: Y / N</p> <p>(Please circle)</p> |