



THE HINDU TEMPLE SOCIETY OF NORTH AMERICA
Śri MAHĀ VALLABHA GANAPATI DEVASTHĀNAM



EDUCATIONAL ACTIVITIES
of GANEŠA PĀTAŠĀLA
(Academic Year: 2018 - 2019)

Every SATURDAY	
8:30 AM to 9:25 AM	MATH TUTORING (Grades K - 8)
9:30 AM to 9:55 AM	BHAJANS (All Grades)
10:00 AM to 10:25 AM	SLOKA CHANTING (All Grades)
10:30 AM to 11:25 AM	RELIGION (All Grades)
11:30 AM to 12:25 PM	Languages: HINDI
11:30 AM to 12:25 PM	Languages: TAMIL
11:30 AM to 12:25 PM	Languages: TELUGU
11:30 AM to 12:25 PM	Languages: KANNADA
1:00 PM to 1:55 PM	ENGLISH (Grades K - 8)
1:00 PM to 1:55 PM	SANSKRIT for Children (Levels 1 & 2)
2:00 PM to 2:55 PM	SCIENCE (3 rd - 8 th Grade)
COMPUTER SCIENCE (4 th - 12 th Grade) - For inquiries visit https://patasala.nyganestemple.org/pcig	
Every SUNDAY	
10:00 AM to 11:30 AM	SANSKRIT for Adults (Levels 1 & 2) & PRE-SAFL (Sanskrit as a Foreign Language) for Youth

Please turn over for Registration

For Further Information Please contact the Temple (718) 460-8484 ext. 112
Ms. Prema Desai (201) 452-5965 · Mr. Vinay Dayal (718) 644-7133
or email: patasala@nyganestemple.org



Registration for Pātaśāla Classes

Please register for any or all classes and return form to the Temple Counter with payment

REQUESTED DONATION \$160.00 per year \$135.00 per Sibling
(ACADEMIC YEAR : SEPTEMBER - JUNE)

STUDENT'S NAME _____

DATE OF BIRTH ____ / ____ / ____ MALE ____ FEMALE ____

GRADE: _____ SCHOOL NAME : _____

PARENT'S / GUARDIAN'S NAME (CHILDREN ONLY) _____

ADDRESS: _____ APT# _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ OFFICE / CELL: _____ FAX: _____

PARENT'S/ GUARDIAN'S EMAIL: _____

DATE OF ADMISSION: ____ / ____ / ____

STUDENT 'S OR GUARDIAN'S SIGNATURE _____

CONTACT IN CASE OF EMERGENCY

NAME: _____ TELEPHONE: _____

PLEASE NOTE:

Every student registering for Patasala classes will be photographed during school year during various activities of Patasala upon permission from the Parents/Guardian.

METHOD OF PAYMENT - (FUNDS CREDITED TO YOUTH FUND)

- CHECK - (MAKE CHECK PAYABLE TO THE HINDU TEMPLE SOCIETY OF N.A.)
 CASH CREDIT CARD

***ALL CONTRIBUTIONS ARE
TAX DEDUCTIBLE**

CREDIT CARD# _____ EXP. DATE _____

SIGNATURE _____ DATE _____