



**THE HINDU TEMPLE SOCIETY OF NORTH AMERICA**  
**Šri Mahā Vallabha Ganapati Devasthānam**



In Collaboration With

***Samskrita Bharati, NY***

A not-for-profit organization focused on teaching and promoting Samskritam world-wide

## **SANSKRIT CLASSES**

(For Children, Youth and Adults)



### **EVERY SATURDAY**

**For Children (All Levels) 1:00 pm to 1:55 pm**

**For Adults (Levels 1) 1:00 pm to 1:55 pm**

**For Continuing Adult Students (Level 3) 2:00 pm to 2:55 pm**

**Location: Ganeša Pātašāla**

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*Registration is Required. Children already registered for the new academic year at the Patasala can register for the Sanskrit classes at no additional cost.*

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**For information please contact: Temple (718) 460-8484 ext.112 or  
Balakrishnan Nair (347) 828-6596 · Radhika Mohan (646) 420-6216  
or Smt. Rugmini Nair (347) 935-9513  
Email: patasala@nyganeshtemple.org**

Please turn over for Registration



# 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  
 \$100.00 per year (For Sanskrit class ONLY)

(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 \_\_\_\_\_