



# CHHANDAYAN

## REGISTRATION FOR VOCAL CLASSES

Subject and Teacher intended for study \_\_\_\_\_

Name of the Student Mr./Mrs./Ms. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone (H) \_\_\_\_\_

(W) \_\_\_\_\_ (Cell) \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency contact: Mr./Mrs./Ms. \_\_\_\_\_ Phone \_\_\_\_\_

Previous Lessons (if any) \_\_\_\_\_

Physical disability (if any) \_\_\_\_\_

Type of class wish to attend: \_\_\_\_\_ Group \_\_\_\_\_ Private

**LOCATION:** 4 West, 43<sup>rd</sup> Street, Ste. 614 New York, NY, 10036

**DATE AND TIME:**

Tuition fee payable to Chhandayan should be submitted before or the every semester or lesson.

Signature \_\_\_\_\_ date \_\_\_\_\_

and name \_\_\_\_\_ of the person registering in agreement

with the rules of Chhandayan as stipulated in the brochure and this form.

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### For office use only

Name of the Student Mr./Mrs./Ms. \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email \_\_\_\_\_

Student ID \_\_\_\_\_ Date entered \_\_\_\_\_