

Nepalese Children Activity Group

Registration Form

Child's Photo

Child Details

Name _____
Date of Birth _____
Gender _____

Parent / Guardian Details

Mother's Name _____
Father's Name _____
Contact Telephone _____
Contact Mobile _____
Email _____
Address _____

Parent / Guardian's Consent

I, _____, wish to register my child, _____
Parent / Guardian Name Child Name
for the Nepalese Children's Activity Group.

I agree to abide by the guidelines of the Nepalese Children's Activity Group.

Parent / Guardian Signature

Date: ____/____/04

For Official Use Only

Form Submitted: ____/____/____ Registration No.: _____

New Continuing

Contributions

Date						
Amount						

Signed on behalf of Steering Committee

____/____/____