

Bengali Class Registration
Bengali Association of Delaware Valley

PLEASE PRINT

Student name(s) Age

..... Age

..... Age

Parents' Names
(if under 18)

.....

Phone Numbers Home: Cell:

Email:
.....

Address
.....

I have read the attached information and my child / children / I will attend Bengali Class regularly.

.....
Parent's (or Guardian's) signature

.....
Today's date