

ASUSA LEARNING CENTER

(Run by a Non Profit Volunteer Organization)

Class Location: Applegarth Middle School
227 Applegarth Road
Monroe Township, NJ 08831

Ritu Agarwal 732-984-5000, Ajay Kumar 732-906-5656, Sujata Gupta 732-751-0520

Registration Year 2009-2010

Student's Full Name: _____

Date of Birth: _____ **Age** _____ **Gender:** **M** **F**

Class/ Level: (Circle one) **(KG)** **(1)** **(2)** **(3)**

Parent/Guardian: _____

Address: _____

Phone (Daytime): _____ **Phone (Eve):** _____

Parents' E-mail: _____

Fees:

\$200 per student per year including books and other study materials, as needed. Make check payable to **ASUSA Learning Center** and mail completed form and payment to: **ASUSA Learning Center, P. O. 296, Princeton Jct, NJ 08550**. The Fee is non-refundable.

Consent:

I am the parent and/or legal guardian of the student named above and by signing below, I agree that there will be no Fees refund (a) If my child voluntarily drops out of classes during the school year for any reason, (2) if my child is found to be disruptive in the class by the classroom teacher(s)/administrator(s). Administrator(s)/Teachers(s) decision will be final and I agree to abide by that decision. I also accept liability for any material damage caused by my child's behavior in school.

I/WE, on behalf of ourselves and _____(child/children's name) do hereby agree to hold Agrawal Samaj of USA a non-profit organization, and its representatives, staff and members, volunteers, paid or unpaid, harmless from any responsibility or liability, any and all bodily injury and illness claims, demands, damages, costs, expense actions and cause of action arising from any act or occurrence while attending classes run by Agrawal Samaj or as a result of participation in the programs and activities conducted under the auspices of Agrawal Samaj. I/We agree to indemnify Agrawal Samaj of USA and its representatives, staff and members for any costs or liabilities which they may incur as a result of our or our child's participation in any of its programs. Furthermore, I/We waive any liabilities that Agrawal Samaj of USA and its members may have to me and my said child/children as a result of any injury, illness, or property damage while participating in their programs. I/We fully understand and assume full responsibility for our and our said child/children's actions while entering into this arrangement with Agrawal Samaj of USA.

Signature: _____

Print name: _____

Date: _____