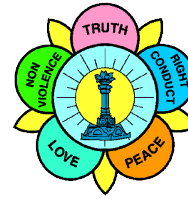




Sai Spiritual Education Registration Form



Today's Date (mm/dd/yy):- _____

Child's Name: -

First

Middle

Last

Date of Birth: (month) _____ (day) _____ (year) _____ Age _____

Home Address: _____

City: _____, State _____, Zip _____ Phone (____) _____

	Name	Mobile Phone	E-mail
Father			
Mother			

School: _____ Grade _____

What spiritual disciplines does your child practice at home at this time? (Check)

Regular prayers ___ Meditation/Silent Sitting ___ Devotional Singing/Chanting ___

Recitation of God's Name/Mantra ___ Other _____

Describe what you hope the Sai Spiritual Education program will offer to your child:

Please indicate your child's special interests or talents:

Describe any special concerns or circumstances that may influence your child's experience in the Sai Spiritual Education program (e.g., allergies, fears, learning difficulties, divorce or separation, one parent unsupportive of Sai Spiritual Education, transportation issues, etc.).

Parent Signature _____ Date _____