



Chinmaya Mission®

Frederick MD Chapter

Location: Walkersville Middle School, 55 West Frederick St, Frederick, MD 21793

REGISTRATION INSTRUCTIONS 2009-2010

Hari Om! Welcome to a new year of Satsang!

For information on Chinmaya Mission programs, visit our website

Please read the following information carefully before filling out the form. For questions, please email Lakshmi Yelamanchi at dlyelamanchi@yahoo.com or Sukanya Sathya at sukisathya@yahoo.com.

1. Every participant, with or without children, new or currently registered, is required to send in a Registration Form. A child may not be enrolled without his/her parents' enrollment and participation in Adult Classes. **Please note that one parent is required to attend the Adult Class while children are in Bala Vihar. Children CANNOT be left at the Mission without a parent.**
2. Please make sure your e-mail address is clearly written and inform us if there is an address change. All CMWRC activities are notified by e-mail. Please make sure to check your e-mail regularly.
3. The completed Registration forms with payment are due by **June 17, 2009**. We will confirm your registration and your Session by e-mail by early August.
4. **CMWRC, Frederick Chapter offers Bala Vihar sessions on Sunday mornings.**
All efforts will be made to accommodate your children. The age/grade cut off for enrollment is as of Sept. 1, of the new school year.
5. **Annual Pledge Basic.** The preferred method of payment is by a single check for the whole year, to reduce the administrative work for our volunteers. If this is not possible, you may pay only the **non-refundable** Bala Vihar Pledge for the year, and the adult basic pledge of \$360 per year can be paid by monthly automatic bank deduction. If the annual contribution poses financial difficulty, please contact Registration to discuss financial aid.
6. Forms must be submitted in hard copy along with payment/payment authorization. Mail or drop off forms to CMWRC, Attn: Lakshmi Yelamanchi, 7013 Allington Manor Circle E. Frederick, MD 21703. Please note that we cannot accept completed forms by email.
7. **Arts and Language Registration:**
 - a. All children enrolled in Arts and Languages must be enrolled in Bala Vihar classes.
 - b. The annual **non-refundable** contribution per session per student (child or adult) for Language classes are \$100 for first child \$50 for siblings.
 - c. For inquiries about Carnatic Music contact Sukanya Sathya at sukisathya@yahoo.com. For Hindi class inquiries, contact Manoj Rohit at manojrohit@hotmail.com. For Yoga Class inquiries contact Sangmesh at sang.kona@gmail.com.

Our Mission is to provide to individuals from any background the wisdom of Vedanta and the practical means for spiritual growth and happiness, enabling them to become positive contributors to society.



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www.chinmayaDC.org

REGISTRATION FORM 2009-2010

Check if you are a current CMWRC Member

Envelope No. _____

New Members please complete all information. Current members update as necessary.

Last Name	Mother's name:	Father's name:
Home Ph: Office Ph:	E-mail	E-mail
Address		

- Check if you do NOT want your family's contact information included in CMWRC directory.
- Check if you DO NOT wish to have any of your family members photos used in Mission publicity material. (CMWRC periodically takes pictures of our members for website and other publicity purposes.)
- Profession (optional): If, IT, please specify area: _____

Please note that one parent is required to attend the Adult Class while children are in Bala Vihar. Children CANNOT be left at the Mission without a parent. Check box here and initial ___ as agreement.

Name of Child(ren)	DOB	Age	Grade in Sept. 2008	M/F

Session Selection: Please provide your first and second choices for the Bala Vihar/Adult class Sessions and your choice of Performing Arts and Languages. (Classes may be added or dropped depending on demand and other unforeseen circumstances).

(Use copies of this page if you need additional space)

First Name	Bala Vihar/Adult Sessions Sunday 10:30 AM To 12:00 PM.		Languages Sunday 9:30 AM Hindi	Performing Arts & Yoga Class Sunday Carnatic Music 9:30 am Sunday Yoga 9:30 AM
	Choice 1	Choice 2		



Chinmaya Mission®

Washington Regional Center, 46 Norwood Road, Silver Spring, MD 20905

www.chinmayaDC.org

ANNUAL PLEDGE 2009-2010

We are pleased to pledge the following tax-deductible contribution to help Chinmaya Mission provide services in our community. I have read the Registration Instructions and agree with them.

Please check all that apply. Please note parents must have Basic Adult Pledge in order to enroll children in Bala Vihar.

	Pledge amount	Total	Description
<input type="checkbox"/>	\$360 Basic Adult Annual pledge per family	\$360	Full payment
<input type="checkbox"/>	I prefer to pay the Basic Adult Annual pledge through automatic monthly direct deposit, as authorized below.	Complete form below	\$30 per month for minimum 12 months
<input type="checkbox"/>	\$100 for first student and \$50 for additional siblings for each language/arts class	\$	One time full payment
<input type="checkbox"/>	\$ 100 per student for Hindi Class per year	\$	One time full payment
<input type="checkbox"/>	\$ 100 per student for Yoga Class per year	\$	One time full payment
	Total Check Enclosed	\$	

If you choose to pay the Basic Adult Annual Pledge by automatic monthly direct deposit, please fill the following:

I hereby authorize monthly automatic bank deduction toward Basic Adult Annual Pledge only as per particulars below:

Note: This section must be filled out completely even if you are already on automatic deduction.

(The automatic deduction covers a 12-month period, even though we have a summer recess.)

Are you already contributing through monthly automatic deduction? Yes No

Change in contribution amount from \$ _____ to \$ _____

BANK DEBIT AUTHORIZATION

I hereby authorize CMWRC to initiate debit entries for the amount of \$30 every month, **starting September 2009** to my Checking account indicated below for credit to the CMWRC account with the Washington First Bank. This authority is to remain in full force and effect for a minimum of one year till **August 2010**. These deductions will continue after August 2010 as support for Mission activities, until revoked through written request. I will notify Chinmaya Mission immediately if there is any change to my Bank information.

Name of Bank: _____

Transit/ABA Number. _____ Account Number: _____

Please attach one of your checks, marked "VOID," for verification of bank particulars.

Signature: _____ **Date:** _____

THANK YOU FOR SUPPORTING CHINMAYA MISSION. HARI OM!