



VEDIC MATH ACADEMY

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VEDICMATH@HOTMAIL.COM

(PLEASE USE BLOCK LETTERS)

1. GREATER CHICAGO CENTERS LOCATION

NAPERVILLE OAK BROOK SCHAUMBURG

2. SEMESTER OF ENROLLMENT

FALL 2008 SPRING 2009

3. CHILD

LAST NAME _____ MI _____ FIRST NAME _____
AGE _____ BIRTH DATE ____ / ____ / ____
YRS MO DAY YEAR
GRADE _____ SCHOOL _____

4. PARENT

LAST NAME _____ MI _____ FIRST NAME _____
HOME PHONE () - _____ CELL () - _____
E-MAIL _____
ADDRESS _____
NUMBER AND STREET _____ APT# _____
CITY _____ STATE ZIP _____

5. CHILD'S HEALTH PROBLEMS (ALLERGIES, ETC...)

6. REASON FOR LEARNING VEDIC MATH

7. FEES: \$270* PER SEMESTER PLUS \$25 REGISTRATION (SIBLING 10% OFF)

MAKE CHECK TO "VMA." RETURN FORM TO INSTRUCTOR OR TO VMA ADDRESS ABOVE. CHECK # _____

8. SIGNATURE

PARENT

STUDENT