



VEDIC MATH ACADEMY ATLANTA CENTER

PH: (678) 460-MATH (6284) VMA.ATLANTA@GMAIL.COM

[HTTP://WWW.VEDICMATH.COM](http://www.vedicmath.com)

(PLEASE USE BLOCK LETTERS)

1. ATLANTA CENTER MANAGED BY SHRI MATIC LLC, ATLANTA GA.

2. ENROLLMENT MONTH _____ 2010 _____ 2011

3. CHILD _____

LAST NAME MI FIRST NAME

AGE _____ (YRS) BIRTH DATE ____/____/____ (MM/DD/YYYY)

GRADE _____ SCHOOL _____

4. PARENT _____

LAST NAME MI FIRST NAME

HOME PHONE () - CELL () -

E-MAIL _____

ADDRESS _____
STREET NAME APT#

CITY STATE ZIP

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

6. REASON FOR TAKING VEDIC MATH COURSE:

7. FEES: \$99* PER MONTH PLUS \$25** ONE TIME REGISTRATION (Ask Sibling Discount)

MAKE CHECK TO "VMA" AND RETURN THIS FORM TO INSTRUCTOR OR VMA CENTER ADDRESS.

CHECK #/ GOOGLE CHECKOUT CONF # _____

8. SIGNATURE

PARENT STUDENT DATE

9. EMERGENCY CONTACT

NAME RELATIONSHIP CONTACT#

10. HOW DID YOU HEAR ABOUT US



** Bottom portion to Parents **



*VMA donates part of the fees to Nele – Home for Homeless Children project in India (<http://www.nele.org.in/>)

DATE _____ INITIALS _____

CHECK #/ GOOGLE CHECKOUT CONF # _____