

# Ching Ter Temple Art Class Registration Form 2010-2011

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade (2010-2011): \_\_\_\_\_ ( ) Female ( ) Male  
Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
School (2010-2011): \_\_\_\_\_ School District: \_\_\_\_\_  
Mom's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Dad's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ E-mail: \_\_\_\_\_  
How did you learn about us (new students only)? \_\_\_\_\_

If you were referred by our student's family, please write the student's full name.

I do hereby waive and release Ching Ter Maitreya Temple, The Directors, Staffs, and Teachers from any and all claims for damages and liability which may result from any and all personal injuries of any nature and/or loss or damage to personal property suffered by my child while participating in the Art Classes or any related activities including trips taken away from the Temple. I have read and understand the policies, schedule, and fees of Temple Art Classes.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mail this form and class payment to  
Ching Ter Temple,  
2891 E Dublin-Granville Road  
Columbus OH 43231

Please make check payable to **Ching Ter Temple**