

Jain Center of New Jersey

PATHSHALA

Registration Form

Please print only

Date: _____

Student's Name: _____
First Last

Student's Age: _____

Student's School Grade: _____

Pathshala Level: _____

Father's Name: _____

Mother's Name: _____

Address: _____

Phone Home#: (____) _____

Phone Cell#: (____) _____

Email (Father): _____

Email (Mother): _____

Email (child): _____

Are you a member of Jain Center of NJ? Yes ___ No ___
(Membership required, if not please fill out membership form)