



ART Excel-All Round Training in Excellence

Name :-.....Date of Birth.....

Father's Name.....Father's Occupation.....

Mother's Name.....Mother's Occupation.....

Phone (Res) Phone(Office).....Phone(Mob).....

Parent's E-mail Address:.....

Child's E-mail Address:.....

Name of School:.....

Grade/Year:

Hobbies.....

What kind of Books you like to Read?

Which TV programs/Channels do you watch?

What are your favourite foods?

Do you have any health problems? YES NO

If YES, Please Specify

Are you taking any Medication? YES NO

If YES, Please Specify

For Parents / Guardians

Who recommended this course for your child.....

Have you done Art Of Living – Part I Course? YES NO

SIGNATURE OF PARENT

DATE

Course Date..... Venue..... Teacher.....

COURSE FEEDhs Paid Not Paid

SIGNATURE OF VOLUNTEER.....