## Registration form for Residential Anapana Children's Course

Page 1 –10 be filled by participants	Page 2- 10	be filled by parents/guardians
Date of Course : Beginning End	Place	;
Age: 8-11 ( 12-18 ( )	Male 🔵	Female
Full Name:	•••••	
Address:	•••••	
Telephone No: Residence	Mobile N	Vo.:
Email id :		
Name of person who has motivated you to join this	course	
What are your expectations from this course?		
Write something about yourself:	•••••	
Mother Tongue :		
Have you participated in an Anapana Course before	? Yes O No	$\circ$
If your answer is yes, please fill following points a	and b If no, then f	ill up point b only
Point a): For old students only		
a) When have you sat your first course?	•••••	Where ?
70 mins course 1 day course	2/3 day course	e residential
How many courses have you attended ?	Do you practic	e at home or in school?
When?		
Have you noticed any change in yourself?		
Part b) for all participants: Will you follow all the	e rules of the cours	se?
Signature: -	Date	

## Parents / Guardians please fill this Form

Date of Course : Beginning End Place
Full Name:
Address:
Telephone No: Residence
Email id:
Have you sat a 10 day Vipassana course as taught by S N. Goenka ji? Yes / No
Your relation with the participant
Does your participant have any physical or mental disease? If yes, please write about it
If he/she is on any medication, please write the name and dosage.
If management needs to know about any food allergies, please specify
Where will you be during the duration of the course? If it is different from the address given above,
please give the appropriate address here:
Have you discussed the course with your child/ward? Is he/she willing to participate?
<u>Note:</u> Please do not send any gadgets along with the child like music gadgets, tablet, mobile, books, etc. If any such material is found, it will be kept in office custody and returned at the end of the
course.
Your permission is mandatory for your child / ward to join this course. Kindly sign form below.
Signature: - Date