



# Khalsa Education Center of Canada



1331 Hughes Dr, Saskatoon, SK.S7L 7N Ph: 306-600-1122

[Sikheducationcenter@hotmail.com](mailto:Sikheducationcenter@hotmail.com). Website: <https://khalsacenter.com/classes/>

Student Information: Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Course Selection: Please select the course(s) you would like to enroll in:

Gurbani .....

Dhadi Vaaran.....

Tabla .....

Harmonium .....

Punjabi Class.....

Gatka .....

Other: \_\_\_\_\_

Class Schedule: Please indicate your preferred class schedule: []

Weekdays: \_\_\_\_\_ (time) to \_\_\_\_\_ (time) []

Weekends: \_\_\_\_\_ (time) to \_\_\_\_\_ (time)



Parent/Guardian Information (if student is under 18):

Full Name: \_\_\_\_\_ Relationship to Student:

\_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Information: Full Name: \_\_\_\_\_ Relationship

to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Information: Please list any medical conditions or allergies that we should be aware of:

\_\_\_\_\_

Terms and Conditions: By signing below, I agree to abide by the rules and regulations of Khalsa Education Center of Canada's Sikh Canter. I also understand that my registration is subject to approval by the academy course. Photo Privacy: I give permission for Khalsa Education Center of Canada to use photographs or videos of me or my child for promotional purposes. I understand that my or my child's name will be used.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_