



THE HINDU TEMPLE SOCIETY OF NORTH AMERICA
Śri MAHĀ VALLABHA GANAPATI DEVASTHĀNAM



EDUCATIONAL ACTIVITIES
of GANEŠA PĀTAŠĀLA
(Academic Year: 2020 - 2021)

Every SATURDAY	
To Be Decided	MATH TUTORING (Grades K - 8)
To Be Decided	BHAJANS (All Grades)
10:00 AM to 10:25 AM	SLOKA CHANTING (All Grades)
10:30 AM to 11:25 AM	RELIGION (All Grades)
11:30 AM to 12:25 PM	Languages: HINDI
11:30 AM to 12:25 PM	Languages: TAMIL
11:30 AM to 12:25 PM	Languages: TELUGU
11:30 AM to 12:25 PM	Languages: KANNADA
1:00 PM to 1:55 PM	SCIENCE (3 rd - 8 th Grade)
1:00 PM to 1:55 PM	SANSKRIT for Children (All Levels) SANSKRIT for Adults (Level 1)
2:00 PM to 2:55 PM	ENGLISH (Grades K - 8)
To Be Decided	SANSKRIT for Continuing Adult Students (Level 3) For inquiries please email: patasala@nyganeshtemple.org
COMPUTER SCIENCE (4 th - 12 th Grade) - For inquiries visit https://nyganeshtemple.org/pcig	

Please turn over for Registration



*For Further Information Please contact the Temple (718) 460-8484 ext. 112
or email Ms. Prema Desai · Mr. Vinay Dayal at: patasala@nyganeshtemple.org*

Registration for Pātaśāla Classes

You may register and pay for any or all classes online - please visit: nyganeshtemple.org/patasala

REQUESTED DONATION \$160.00 per year
 \$135.00 per Sibling

→ *Early Registration* : \$135.00

→ *Early Registration* : \$125.00

EARLY REGISTRATION ONLY JUNE 20TH - JULY 29TH, 2020

(ACADEMIC YEAR : SEPTEMBER - JUNE) **GRADE AS OF (CURRENT ACADEMIC YEAR)

Classes will begin online on September 12, 2020 (Saturday)

Please note there will be NO REFUND policy in the event NYC guidelines allow for in person classes

STUDENT'S NAME _____

DATE OF BIRTH ____ / ____ / ____ MALE ____ FEMALE ____

GRADE: _____ SCHOOL NAME : _____

PARENT'S / GUARDIAN'S NAME (CHILDREN ONLY) _____

ADDRESS: _____ APT# _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ OFFICE / CELL: _____ FAX: _____

PARENT'S/ GUARDIAN'S EMAIL: _____

DATE OF ADMISSION: ____ / ____ / ____

STUDENT 'S OR GUARDIAN'S SIGNATURE _____

CONTACT IN CASE OF EMERGENCY _____

NAME: _____ TELEPHONE: _____

PLEASE NOTE:

Every student registering for Patasala classes will be photographed during school year during various activities of Patasala upon permission from the Parents/Guardian.

METHOD OF PAYMENT - (FUNDS CREDITED TO YOUTH FUND)

- CHECK - (MAKE CHECK PAYABLE TO THE HINDU TEMPLE SOCIETY OF N.A.)
 CASH CREDIT CARD

***ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE**

CREDIT CARD# _____ EXP. DATE _____

SIGNATURE _____ DATE _____