



USB Foundation

Not For Profit Organization (Registered with New York State. USA)

ADMISSION FORM

New York Office:

37-18, 74th Street, Suite-202,
Jackson Heights, NY-11372

Tel: 718-205 2360, Cell: 917-345 4850

Dhaka Office:

House # 39/A, Road # 08, Annex Bldg.(Ground FL)

Dhanmondi, Dhaka-1205

Cell: 01886 99 55 67, 01616 99 55 67

E-mail: tareq@usbfoundation.org

Name _____

Address _____

Street and Number, Apt #

City

State

Zip

Phone Number _____ Email Address _____

Birth Date _____ Age _____ Baptism Date _____ Grade _____

Parent contact: _____

Name

Home Phone

Cell Phon

Name

Home Phone

Cell Phon

Emergency contact (other than parents)Name of persons who may pick up this child from Sunday School:

Name

Phone

Relationship

Name

Phone

Relationship

Allegies/Medical conditions or other concerns: _____

Does your child have an Epi-pen ___ Yes ___ NO

Is there anything you would like us to know about your child? _____

If I am not available, and a medical emergency arises, the supervising teacher has my permission to
Seek medical help at:

Name of hospital

I give permission to take my child's picture for classroom projects and/or church website. ___ Yes ___ No

Parent's Signature _____ Date _____