

Geniekids Program Registration Form:

Name of Child :	Mother's Name
Date of Birth:	Housewife/ Working
School:	Company/ Profession
Class:	Mother's e-mail
Child's email (if any)	Father's Name
Home Address:	Company/ Profession
	Father's email
Phone Nos: Res	Office
Mobiles:	

Program	Participant Name	Age Group	No of Weeks	First Date	Last Date	Amount	Cash/ cheque/ bank-Xfer	Receipt No (office use)

Option 1

If you are doing **online transfer or ATM drop** – pl fill the form – save the file in child's name and email to us with the transfer transaction number or cheque number (for ATM drop). Pl email the form to info@geniekids.com and to aruna@geniekids.com

Option 2

If you are sending through **courier or hand delivery** than kindly print, fill up, attach payment and send the form to
No 3023 (corner house), 13th Main (NPS road), 8th Cross, Opposite Graphite Aptms,
HAL 2nd Stage, Bangalore-560008

(cheque in favour of "**Geniekids a/c 071-574735-001**")