



## West Los Angeles Buddhist Temple Dharma School Child Attendee Information Form

**Name of Child(ren):**

Child #1:

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Birthdate:

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Gender:

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Child #2:

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Birthdate:

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Gender:

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Child #3:

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Birthdate:

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Gender:

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Any food allergies?

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Parent or Guardian Name (print):

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Contact Number:

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Contact E-mail:

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Parent or Guardian Signature:

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**Please submit completed form to [WLADharmaCenter@gmail.com](mailto:WLADharmaCenter@gmail.com)**