



Stay & Play

Registration Form

Please fill in the required information below to register.

Parent's Name

Parent's Surname

Child's Name

Child's Surname

Child's Date of Birth

Does your child have any siblings? Yes No

If yes, please provide the information below:

Sibling's Name

Sibling's Date of Birth

Sibling's School

Nationality

Email Address

Telephone

Please mention which date of Friday sessions you would like to join

27 Sep

4 Oct

11 Oct

25 Oct

1 Nov

8 Nov

15 Nov

22 Nov

29 Nov

6 Dec

How did you find out about this program?

Please submit this form to info@nasjakarta.sch.id , once completed you will then be sent a confirmation email. Thank you and we look forward to having you at our Stay & Play programme.