

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 |
| 31 Aug 7 Sep 14 Sep 21 Sep 28 Sep 5 Oct 12 Oct 19 Oct               |
| 26 Oct 2 Nov 9 Nov 16 Nov 23 Nov 30 Nov 7 Dec                       |
| How did you find out about this program?                            |

Please submit this form to info@nis.or.id, once completed you will then be sent a confirmation email. Thank you and we look forward to having you at NIS Jakarta Stay & Play event.

## www.nis.or.id