



## BUDDHIST CULTURE PROGRAM REGISTRATION FORM

Photo 3 x 4

### REGISTRANT DETAILS

Full Name : \_\_\_\_\_  
Nick Name : \_\_\_\_\_  
Gender : \_\_\_\_\_  
Place/Date of Birth : \_\_\_\_\_  
Age : \_\_\_\_\_ Blood type: \_\_\_\_\_  
Height and Weight : \_\_\_\_\_  
Home Address : \_\_\_\_\_  
Telephone no./ Mobile : \_\_\_\_\_  
E-mail : \_\_\_\_\_  
In your family, you are the : (Please circle) FIRST / SECOND / THIRD / OTHER: \_\_\_\_\_ sibling  
Religion : \_\_\_\_\_  
School : \_\_\_\_\_  
Grade : \_\_\_\_\_  
English Language Ability\* : FLUENT / LIMITED / NONE  
Have you ever joined Buddhist Culture Program held by YASATI \*:  
YES, how many times? \_\_\_\_\_ / NO, please continue to next question

### PARENT(S)/GUARDIAN DETAILS

	FATHER	MOTHER
Full Name	_____	_____
Age	_____	_____
Religion	_____	_____
Last Education	_____	_____
Occupation	_____	_____
Home Address	_____	_____
<b>Emergency Contact Person</b>	: _____ Contact No. : _____	
Relation to registrant*	: PARENTS / GUARDIAN / FAMILY / FRIEND / OTHERS: _____	

Notes: \* - Please circle appropriate answer

**REGISTRANT HEALTH HISTORY\***

Type of sickness	Length of stay in the hospital	Discharge date from Hospital

*\*Any allergy needs to be mentioned*

**CURRENT MEDICATION / VITAMIN CONSUMPTION**

Type of medication / vitamin	Dosage / Direction	Indication

**REGISTRANT INDEPENDENCE**

(please mark  $\checkmark$  accordingly)

	INDEPENDENT	DEPENDENT
Eat		
Medication/vitamin consumption		
Shower		
Tidy up the bedroom		
Sleep	Alone	Accompanied
Sleep with the light (please circle)	On	Off

**We (registrant and parents/guardian) declare that the information given above is true and correct; and allow our child to participate in the Buddhist Culture Program in Indonesia Satipatthana Meditation Center (ISMC). Furthermore, we also declare that the participant has fully understood that he/she has to follow all the rules and regulations in ISMC to ensure that the program runs successfully.**

**We will accept all consequence for any violation made to the rules and regulation** *(Please refer to Buddhist Culture rules and regulations).*

....., date .....

Yours sincerely,

Registrant	Parent(s) / Guardian	Acknowledged by Doctor