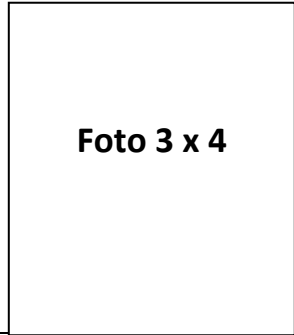




**TEMPORARY SAMANERA DAN SIKKHAVATI PROGRAM  
REGISTRATION FORM**

**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 Temporary Samanera and Sikkhavati 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	_____	_____

**Emergency Contact Person** : \_\_\_\_\_ 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  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 Temporary Samanera and Sikkhavati 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 Temporary Samanera and Sikkhavati rules and regulations).*

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

Yours sincerely,

Registrant	Parent(s) / Guardian	Acknowledged by Doctor