

Indonesian Language and Culture Program for Young Learners

REGISTRATION FORM 2017

A. Personal Details

1. Family Name : _____
2. Given Name(s) : _____
3. Date of Birth : _____
4. Sex : Female Male
5. Nationality : _____
6. Parent's/Guardian's Name : _____
(Father) (Mother)
7. Home Address : _____
8. Parent's/Guardian's Telephone Number : _____
9. Parent's/Guardian's Email Address : _____
10. Languages used at home (in order of fluency)
1. _____ 2. _____ 3. _____
11. Please evaluate your child's ability in Indonesian and tick the appropriate remark.
 Fluent Very Good Good Average Poor Very Poor

B. Health Information

12. Does your child have any medical conditions/problems?
 Yes ; Please specify below:

 No (Please proceed to Question 14)
13. A. Is your child receiving medicine for the medical conditions/problems?
 Yes
 No
- B. If yes, can he/she take the medicine by himself/herself?
 Yes
 No
- Please give the name of the medicine and relevant instructions:

14 Are there certain foods that your child may not have?

Yes ; Please specify below:

No

C. Emergency Contact Details

15. Person to be contacted in an emergency situation (please give two names other than parents) and relationship to the child.

Name : _____

Address : _____

Telephone Number : _____

Relationship : _____

D. Course Dates 2017

Please tick your preferred dates

4 – 17 January 2017

10 – 21 April

3 – 14 July

25 September – 6 October

8 – 19 January 2018

E. Payment

16. How would you like to pay?

In cash

Credit Card (Visa or MasterCard)

Bank Transfer to the following account:

- Bank Name : PT. BANK COMMONWEALTH
- Account Number : **1025999413**
- Account Name : **Yayasan Bahasa Indonesia - Australia**
- SWIFT CODE : BICNIDJA

Full payment is required at the latest 2 weeks before program commencement to confirm enrolment.

Date : _____

Signature : _____

Indonesian Language and Culture Program for Young Learners

LIMITATION OF LIABILITY

We, the undersigned below, _____ (names*),
as parents/guardians of _____ (child's name) do hereby
relieve IALF staff, teachers and employees from any financial responsibility concerning our child
during his/her participation in the Indonesian Language and Culture Summer Program.

In case of a serious accident and we cannot be contacted, we give the Manager and other delegated
authority the authority to take action on necessary medical treatment.

IALF will do its best to avoid accidents on its premises as well as outside. However, IALF will not
accept responsibility for any accidents that may occur and we will not make any claims against IALF
in case an accident happens.

We, as parents/guardians, will take responsibility for any damage or destruction to the IALF and its
property or damage incurred during authorized educational outings that is caused by our child.

We, as parents/guardians, allow our child to participate in educational outings which are supervised
by IALF staff/teachers during the program.

We state that all of the information that we have given is complete and accurate. We will inform
IALF if there are any changes.

(_____)

Parents/guardians' signatures and names*

** Please provide names and signatures of both parents and/or guardians where possible.*

Indonesian Language and Culture Program for Young Learners

**CHILD CONSENT FORM/ TALENT RELEASE FORM
FOR THE USE OF IMAGES FOR PROMOTIONAL AND EDUCATIONAL PURPOSES**

IALF recognizes the need to ensure the welfare and safety of all of our students. In accordance with our child protection policy we will not permit photographs, video or other images of our students to be taken without the consent of the parents/ guardians.

IALF will take all steps to ensure these images are used solely for the purposes they are intended.

Consent Given

We:

*(Parents/guardians name - PLEASE WRITE FULL NAME *)*

of: _____

(address)

the parents/guardians of:

(Child's name - PLEASE WRITE FULL NAME)

1. are the parents or guardians of the child named above and fully aware and competent, enter into this agreement of my own volition;
2. consent to use of my child's image and performance in audio recordings and/or video footage and/or photographs taken by IALF for the purposes of promotional and educational activities and other IALF purposes, (including print publications, websites, social media and advertisements or other means of communication);
3. agree that copyright in any recording made or image taken by IALF of my child, or any performance of my child, in connection with promotional and educational activities is owned by IALF;
4. stipulate that any use by IALF of my child's performance or my child's image must comply with all current Laws and Regulations pursuant to the use of such images and recordings in Indonesia;
5. acknowledge that my child's participation in promotional and educational activities may be edited at the sole discretion of IALF.
6. acknowledge that IALF is not obliged to include my child in the promotional and educational activities;

** Please provide names and signatures of both parents and/or guardians where possible.*

7. release IALF from any claim by my child or anyone on my child's behalf for any cost, expense loss or damage arising out of the use of audio recordings, video footage, photos, or other images of my child for promotional and educational activities or other IALF purposes, (including print publications, websites, social media and advertisements or other means of communication;
8. acknowledge that there will be no payment or other consideration paid for the use of my child's image or my child's performance.
9. acknowledge that the terms agreed in this consent form shall commence on this date and continue indefinitely.

Signed*: _____

Date: _____

** Please provide names and signatures of both parents and/or guardians where possible.*

OR

Consent Not Given