

Parents are welcome, by prior arrangement, to come and visit the Kindergarten with their child, and to experience a taster session with us.

Our opening hours from September 2017 are:

Monday - Thursday 9.00am - 3.00pm

(Fresh Lunches cooked daily on the premises)

Friday 9.00am – 12pm

Before care hours 8:30am - 9.00am every day

Aftercare Hours 3.00-3.30/4.00pm Monday - Thursday

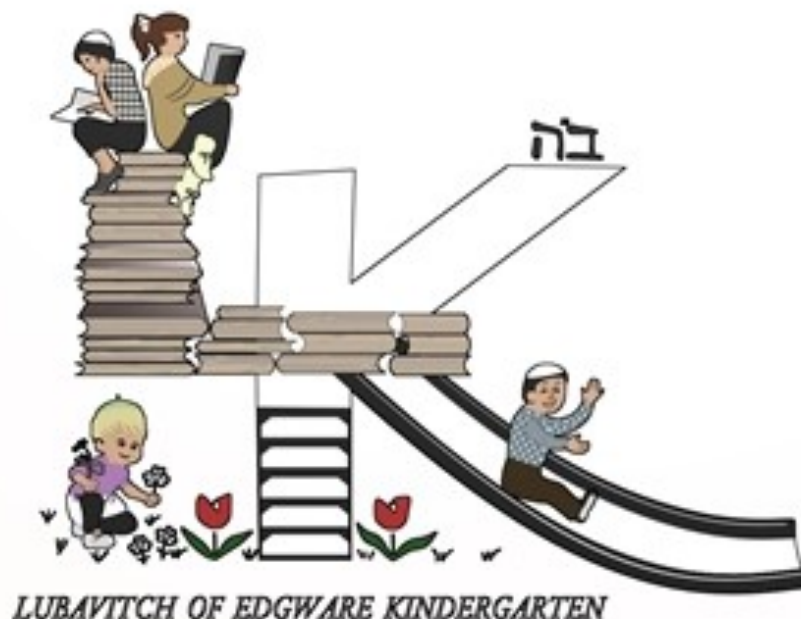
We operate a flexible structure for attending the kindergarten. You will be able to choose which sessions in the week you want your child to attend, subject to those times being available. Once your choice of times has been confirmed they will remain the same for the whole term and, depending on availability, possibly the whole year.

Children receiving the Government Free Early Education Funding [i.e. eligible 2 year olds and all 3 & 4 year olds] are entitled to attend up to 15/30 hours per week for a maximum of 38 weeks, spread over 3 - 5 days, without having to attend any other hours.

For appointments and information please call

020 8905 4141 or email kindergarten@loe.org.uk

Should you have any financial concerns please contact the Kindergarten Manager on 020 8905 4141 to discuss your circumstances and needs. This will be forwarded to our finance committee for consideration.



230 Hale Lane

Edgware, Middlesex HA8 9PZ

(020) 8905 4141



APPLICATION FORM

Child's Name..... Surname.....
 Jewish Name (in Hebrew letters).....
 Date of Birth..... Jewish Date of Birth.....
 Address.....
 Postcode..... Home Telephone.....
 Emergency Contact Number (other than below).....
 Name..... Relationship to child.....
 Child's Ethnicity.....

PARTICULARS OF FAMILY

<u>Father</u>	<u>Mother</u>
Title.....	Title.....
Name.....	Name.....
Jewish Name.....	Jewish Name.....
Surname.....	Surname.....
Occupation.....	Occupation.....
Mobile.....	Mobile.....
Work Number.....	Work Number.....
Email.....	Email.....
DOB: _ / _ / _ _ _	DOB: _ / _ / _ _ _
NI No:.....	NI No:.....
Does this parent have parental responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does this parent have parental responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/>

Date of Marriage.....
 Under which Rabbinical Authority?.....

For Term Starting: September 20..... Age on entry.....
 Subject to availability - January 20.....
 Next School and date of commencement

MEDICAL

Any Illness (e.g. Diabetes, Epilepsy, Asthma).....
 Any Physical/Mental Disabilities.....
 Any Allergies/intolerances.....
 Any Medication taken regularly.....
 (A Doctor's report may be requested if necessary)

Dr. Name..... Dr. Telephone.....
 Dr. Address.....

In order for your application to be processed please enclose the following:

- A copy of your child's **birth certificate**
- A copy of your **Kesubah**
- A £50, Non-Refundable, Registration Fee

I understand that this will reserve a place for my child on the Kindergarten waiting list.
 I agree to set up a payment plan for the year, before my child starts Kindergarten.
 I undertake to keep my child in the Kindergarten for a minimum of two terms.
 I agree to give one whole term's written notice to remove my child from the kindergarten, or will pay a term's fees in lieu.

Signature..... Date.....
 Print Name.....