



Lubavitch of Edgware Kindergarten

230 Hale Lane, Edgware, HA8 9PZ

APPLICATION FORM

Child's Name (as on Birth Certificate) _____ Surname _____
 Otherwise known as _____ Full Jewish Name (in Hebrew letters) _____
 Date of Birth __/__/____ Jewish Date of Birth _____ Ethnicity _____
 Address: _____ Post Code: _____ Home Telephone: _____
 Emergency Contact (Other than below): Name: _____ Number: _____
 Relationship to child: _____
 For Term Starting: September 20__ Age on Entry ____ Subject to availability – January 20__
 Next School and Date of Commencement _____

PARTICULARS OF FAMILY

Father

Title _____ Name _____ Surname _____
 Full Jewish Name (in Hebrew letters) _____ Date of Birth __/__/____
 Occupation _____ Email _____ Mobile _____
 Work Number _____ NI No. _____
 Does this parent have parental responsibility? Yes ___ No ___

Mother

Title _____ Name _____ Surname _____
 Full Jewish Name (in Hebrew letters) _____ Date of Birth __/__/____
 Occupation _____ Email _____ Mobile _____
 Work Number _____ NI No. _____
 Does this parent have parental responsibility? Yes ___ No ___

Marital status _____ Date of Marriage __/__/____

Under which Rabbinical authority _____

MEDICAL

Any illness (e.g. diabetes, epilepsy, asthma) _____
 Any physical/mental disabilities _____
 Any allergies/intolerances and reactions to 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 _____ Print Name _____ Date __/__/____ PTO>

Office Use Only:

Received __/__/____ Registration Fee: Received (form of payment): _____ Date Entered: __/__/____



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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 2019 are:

Monday - Thursday 9.00am - 1.00pm/1.00pm - 3.30pm

(Fresh Lunches cooked daily on the premises)

Friday 9.00am – 12pm

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

Aftercare Hours 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 hours per week (eligible 3 & 4 year olds - up to 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@lubavitchofedgware.com.

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