



# 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 a parent): Name: \_\_\_\_\_ Number: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 For Term Starting: September 20\_\_ Age on Entry \_\_\_\_  
 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 \_\_\_\_\_

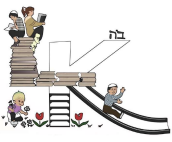
**In order for your application to be processed and your child's name put on the waiting list, please enclose the following:**

- A copy of your child's **Birth Certificate**
- A copy of your **Kesubah**
- If taking additional services above 15/30 FEE hours - a £50, **non-refundable**, registration fee – see next page for bank details

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 are:**

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

**Friday 9.00am – 12pm (1pm Summer Term)**

**Earlycare hours 8:30am - 9.00am every day**

**Aftercare Hours 3.30 - 4.00/4:30pm Monday – Thursday**

## **Additional chargeable services:**

**Lunches:** Fresh lunches cooked daily on the premises

**Specialised food or drink e.g. dairy-free milk or gluten substitutes.**

**Security**

**Amenity fund**

**Outings, book bags, aprons etc – when relevant**

We operate a flexible structure for attending the kindergarten. You may choose which sessions during the week your child attends, subject to availability. Once your choice of sessions have been confirmed, they will remain the same for 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 9 months- 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](mailto: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.

## **Bank details:**

**Name:** Chabad Lubavitch of Edgware

**Sort Code:** 20 29 37

**Account Number:** 53973301

**\*Please use your child's name as the reference**