





## **Registration Form**

Please complete this form & return it together with a copy of your child's Birth Certificate

Full Name of Child:				Nationality:			
Date of Birth:				Male	$\bigcirc$	Female	$\bigcirc$
Home Address:							
Postcode: Full name of first Parent				Hebrew Name: Relationship			
/ Carer:				to child:			
Home telephone number:				Email Address:			
Mobile telephone number: Full name of Second				Occupation: Relationship			
Parent / Carer:				to child:			
Home telephone number:			Email Address:				
Mobile telephone number:			Occupation:				
Name of person with parental responsibility:				Current Synago membership:	igue		
Date of anticipated entry:			Which funding you eligible for		0	2 Year Old	
How old will you be on entry:						$\bigcirc$	30 Hours
Synagogue at which parents were married:			Everyone gets 15 hours free provision the term after their child turns 3				
What are your p	oreferred days:	$\bigcirc$ M	londay 🔾 Tı	uesday ( ) Wedneso	day ( ) Thurs	sday 🔘 Fri	day
Does your child have any medical, special educational needs or disabilities?			Does your child have allergies?				
Please	e tick your required sessi We ask th			am or 8.45am or 9.15 inimum of three days		n at 3pm or	4pm
		Monday	Tuesday	Wednesday	Thursday	Friday	
8.30am start	8.30am - 12.15pm	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
8.45am start	8.45am - 12.15pm	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
9.15am start	9.15am - 12.15pm	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
Lunch	12.15pm - 1.00pm	$\bigcirc$	Ö	$\bigcirc$	$\bigcirc$		
3.00pm finish	1.00pm - 3.00pm	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$		
4.00pm finish	1.00pm - 4.00pm	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Signed:	-	-	Print Name	2:	-	Date:	
Office Use only							