



Registration form for non-funded children from 18 months

PLEASE WRITE CLEARLY

9:15am to 12:15 pm

Child's Name:..... Date of birth: Male / Female

Full name of Mother: Full name of Father:

Maiden Name:

Occupation:..... Occupation:.....

Home Address: Home Address: (if different)

.....

Post code: Post Code:

Tel No: home Tel No Home:

Mobile: Mobile:

Email: Email:

Synagogue at which parents were married:

Current Synagogue membership:

Name of older siblings who attended Bushey Gan: Date attended:

1).....

2).....

3).....

PLEASE TICK WHERE APPROPRIATE

Date of anticipated entry:

Please indicate the number of sessions per week you would like your child to attend: 2 3 4 5

Preferred days: (Subject to availability. Working parents and siblings are given priority)

Monday Tuesday Wednesday Thursday Friday

Signed: Date:

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This completed form should be sent together with a cheque for £40 registration fee (non-refundable) and a **photocopy** of your child's **full birth certificate** (known as the 'certified copy of birth entry'). **PLEASE NOTE: Short birth certificate is not acceptable.** Please send to: Ms D Boder, at the above address.

**PLEASE MAKE CHEQUES PAYABLE TO 'BUSHEY GAN'**