



**Registration form for funded children (From Term after 3<sup>rd</sup> birthday)**

**PLEASE WRITE CLEARLY**

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).....

**Entry for 15 funded hours) 9:15am – 12:15 pm**

Date of anticipated entry: .....

*Please indicate which of the following sessions you would like your child to attend:*

Early Bird 8:45am – 9:15pm: Monday  Tuesday  Wednesday  Thursday  Friday

Lunch 12:15pm – 1pm: Monday  Tuesday  Wednesday  Thursday

Afternoon sessions 1pm – 3pm: Monday  Tuesday  Wednesday  Thursday

Afternoon sessions 1pm – 4pm: Monday  Tuesday  Wednesday  Thursday

Subject to numbers and ratio

**Entry for 30 funded hours (Term after 3<sup>rd</sup> birthday) 9:15am – 12:15pm / 1- 4pm**

Date of anticipated entry: .....

Early Bird 8:45am – 9:15pm: Monday  Tuesday  Wednesday  Thursday  Friday

Signed: ..... Date: .....

This completed form should be sent together with 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.