



265 Hale Lane, Edgware, Middlesex, HA8 8NW
 W : www.eaycnursery.org E: nursery@eayc.org, T: 020 8958 4058

APPLICATION FORM

Child's surname _____ Child's first name _____

Known as _____ Male/Female date of birth _____

Hebrew name _____

Address _____

Which London Borough do you live in _____

Home phone number _____ Mobile no. _____

E mail address: _____

Fathers name _____ Hebrew name _____

Mother's name _____ Hebrew name _____

Are you a member of a Shul? Yes/No If yes, which Shul? _____

At which Shul were you married? _____

I wish my child to be considered for admission to the EAYC Nursery for:

I would be interested in:

(Please highlight the days and times you would like your child to attend)

	Monday	Tuesday	Wednesday	Thursday	Friday
8.00am-8.30am					
8.30am-12.00pm					
12.00pm-1.00pm					
1.00pm-4.00pm					
4.00pm-6.00pm					

Does your child have any special or additional needs that we need to know about, e.g speech and language, physical needs, Please give as much detail as you can

Are there any other professionals involved with your child



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Please return this form to the above address together with:

- A copy of your Kesubah (not needed for siblings)
- £20.00 non refundable deposit
- Rabbi's Reference Form
- A Copy of your child's birth/adoption certificate

I recognise that the EAYC Nursery is run under Orthodox auspices, with an orthodox ethos and that only children recognised as halachically Jewish will be considered for entry.

Signed _____ Parent/Guardian Date _____