



265 Hale Lane, Edgware, Middlesex, HA8 8NW  
W : [www.eaycnursery.org](http://www.eaycnursery.org) E: [nursery@eayc.org](mailto: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:

September 20\_\_\_\_/January 20\_\_\_\_

**\*FOR THE ACADEMIC YEAR 2016/2017 PLEASE RETURN THIS FORM BY 31<sup>st</sup> January 2016**

I would be interested in:

3 mornings a week/4 mornings a week/5 mornings a week - please delete as applicable

Please indicate which days you would be interested in: Monday/ Tuesday/ Wednesday/ Thursday/  
Friday

I am interested/not interested in afternoon sessions.

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 \_\_\_\_\_