



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:

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*					

\*Session offered subject to demand

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

\_\_\_\_\_  
 \_\_\_\_\_



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

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 \_\_\_\_\_