



REGISTRATION FORM

Gilah Nursery
Croxdale Road,
Borehamwood,
Herts WD6 4QF
Tel: 020 8953 5099
www.gilahnursery.com

Child's Full Name :

Address :

Home Telephone Number :

Email address :

Date of Birth:

Mother's Name :

Father's Name :

Of which Synagogue are you a member?

Has a sibling attended Gilah?

Primary schools attended by siblings:

I wish to register my child for Gilah Nursery School

I confirm that my child is Halachically Jewish as defined by the United Synagogue.

Signed:

Date:

Please send this form together with a cheque for £25.00 to cover the administrative costs of your application (payable to Gilah Nursery School) to: **Mrs Jane Rose, 112 Theobald Street, Borehamwood, Herts, WD6 4PX**

Please note this is a non-refundable charge and does not guarantee you will be offered a place. Please see our website for further details.

Should you require acknowledgement of receipt please enclose a stamped addressed envelope.