

**REGISTRATION FORM**

**Personal Details**

First name(s) of child:

Surname of child: Date of Birth:

Full Address:

Post Code:

Parent/Carer Name (1):

Relationship to child:

Full Address (if different):

Post Code:

Daytime/work Tel: Home: Mobile:

Email address:

Parent/Carer Name (2):

Relationship to child:

Full Address (if different):

Post Code:

Daytime/work Tel: Home: Mobile:

Email address:

Of which Synagogue are you a member?:

Has a sibling attended Gilah?:

Primary schools attended by Sibilings:

Would you be interested in Gilah’s extended hours: Yes No

I wish to register my child for Gilah Nursery

Signed: Date:

Please email this form together with a payment made by bank transfer or cash for £25.00 to cover the administrative costs of your application to: Shelley Morris [admin@gilahnursery.com](mailto:admin@gilahnursery.com) . If paying by bank transfer please use your child’s name as reference and “Reg Fee” to: Sort Code 20-46-57, A/c No. 40670030.

***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.*