



Limes Avenue, Chigwell, Essex, IG7 5NT

Tel: 020 8500 0215

Email: nursery@chigshul.org.uk

Web: www.chigshulnursery.org

Manager: Mrs M Kaye

Deputy Manager: Miss S Reynolds

REGISTRATION FORM

Confidential

Name of Child _____

Date of Birth _____ 20__

Date of Application _____ 20__

Name of Parents/Guardians _____

Address _____

_____ Email: _____

Tel. No. & Mobile _____

YOU MUST ENCLOSE A PHOTOCOPY OF YOUR CHILD'S BIRTH CERTIFICATE.

Synagogue Membership (If applicable: _____)

Enrolment Month/Year (ages 2 – 4 years) _____

Number and days of morning sessions required: _____

Number and days of afternoon Sessions required _____

EEEE3 years and/or EH: Yes/ No

Health Visitor: Yes/ No

Special Needs Yes/No

Allergies Yes/No (If your child has an allergy, you will receive a separate form to complete) Other agency Involvement i.e. Social Care/Worker:

I enclose a non-returnable registration fee of £10.00 together with this registration form made payable to 'The United Synagogue'. I also enclose my signed confirmation of having read and understood the Nursery Admissions Policy and Ethnic Form.

Applications will only be accepted if fully completed