



CHIGWELL & HAINAULT UNITED SYNAGOGUE NURSERY

Limes Avenue, Chigwell, Essex, IG7 5NT Tel: 020 8500 0215

Email: nursery@chigshul.org.uk

Manager: Mrs M Kaye **Deputy Manager:** Miss S Reynolds **Intakes:** Mrs R Tobe

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: _____

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

Number and days of morning sessions required: _____

Sibling (Past/Present) Yes/No Health Visitor: _____

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