

APPLICATION OF INTEREST FORM

Enrolment Date: / /	Commencement Date: / /
CHILD INFORMATION	
Family Name:	Given Name:
Usually called:	Date of Birth: / / <input type="checkbox"/> M <input type="checkbox"/> F
Home Address	
Is the child of Aboriginal and/or Torres Strait islander origin? (please tick)	
<input type="checkbox"/> No, not Aboriginal or Torres Strait Islander	<input type="checkbox"/> Yes, Aboriginal And Torres Strait Islander
<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander
Cultural background of the child and, if applicable, the child's parents	Any special consideration for the child (e.g. any cultural, religious or dietary requirements or additional needs)

PARENT OR GUARDIAN INFORMATION	
Please provide one of the following with your form:	
<ul style="list-style-type: none"> Parents Ketubah Name of the Rabbi who married you: _____ Maternal grandparents Ketubah Proof of any family conversion (if applicable) 	
Parent / Guardian 1	Parent / Guardian 2
Name	Name
Address – as per child or:	Address – as per child or:
Phone (H) (W)	Phone (H) (W)
Mobile DOB / /	Mobile DOB / /
Email	Email
Occupation	Occupation
Does the child live with this parent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the child live with this parent? Yes <input type="checkbox"/> No <input type="checkbox"/>

ADDITIONAL INFORMATION	
Are you a Shule member at Chabad Glen Eira?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had any other children attend our crèche?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a new family to our crèche?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a preference of days for your child to attend the centre?	
<input type="checkbox"/> No preference	
Days per week: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Specific days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	