

APPLICATION OF INTEREST FORM

Date: / /

PREFERENCE FOR ATTENDANCE

No preference

Days per week: 1 2 3 4 5

Specific days: Monday Tuesday Wednesday Thursday Friday

When would you like to start? Month: Year:

CHILD INFORMATION

Family Name:

Given Name:

Usually called:

Date of Birth: / / M F

Home Address

Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)

No Yes, Aboriginal and Torres Strait Islander Yes, Aboriginal Yes, Torres Strait Islander

Any special consideration for the child (e.g. cultural, religious or dietary requirements or additional needs)

PARENT OR GUARDIAN INFORMATION

Parent / Guardian 1

Parent / Guardian 2

Name

Name

Address: As per child or:

Address: As per child or:

Phone

Phone

Email

Email

Occupation

Occupation

Does the child live with this parent? Yes No

Does the child live with this parent? Yes No

ADDITIONAL INFORMATION

Are you a Shule member at Chabad Glen Eira?

Yes No

Have you had any other children attend our crèche?

Yes No

Are you a new family to our crèche?

Yes No

Name of the Rabbi who married you: _____

Please provide a photo of one of the following:

- Ketubah
- Maternal grandparents Ketubah
- Proof of any family conversion (if applicable)

Thank you for your enquiry! We will be in touch with you soon.