

KEREM



HOUSE

JEWISH NURSERY SCHOOL

APPLICATION FOR ENROLMENT

THE HEAD TEACHER
KEREM HOUSE
18 KINGSLEY WAY
LONDON N2 0ER
Tel No: 020-8455 7524

A Registration Fee of £10.00 per child is made for enrolment and should accompany this application. This fee is not refundable.

One application form must be completed for each child.

Please use block letters throughout

I wish to enrol my child for the _____ Term _____

Children are admitted to Kerem House at the beginning of the term in which they turn three years of age for the Morning Session. If there are no morning places, your child will be offered an afternoon place. In the event of oversubscription, entry will be decided on the basis of criteria laid down by the School's Governors.

CHILD'S FIRST NAME/S _____ SURNAME _____

DATE OF BIRTH _____ SEX OF CHILD _____

ADDRESS _____ TEL. NO. _____

FATHER'S DETAILS

MOTHER'S DETAILS

NAME _____ NAME _____

OCCUPATION _____ OCCUPATION _____
If Company Director please state type of Company

WORK NO. _____ WORK TEL NO. _____

MOBILE NO. _____ MOBILE NO. _____

EMAIL _____ EMAIL _____

PREVIOUS SCHOOL OR NURSERY If applicable _____

SYNAGOGUE AT WHICH PARENTS WERE MARRIED (Inspection of Ketuba may be required) _____

CURRENT SYNAGOGUE MEMBERSHIP _____

<u>NAMES OF SIBLINGS</u>	<u>DATE OF BIRTH</u>	<u>SCHOOLS ATTENDING/ATTENDED</u> <small>(if applicable)</small>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

We understand that all School Fees are due and payable before or on the first day of each term.
In the event of wishing to withdraw our child from the School, we agree to give at least a FULL term's notice in advance in writing to the Head Teacher.
Failing this, we understand that we will be liable for the payment of the following term's fees.

SIGNATURE OF BOTH PARENTS _____

DATE OF APPLICATION _____ Cash/Cheque in the sum of _____
(payable to Kerem Schools) £ _____ is enclosed

A separate application for enrolment to Kerem School must be made to the Head Teacher.
It is/It is not* my/our present desire to send my/our child to Kerem School on leaving the Kindergarten. (* Delete as applicable)

For Office use only
REGISTRATION FEE _____ RECEIPT NO _____ ACKNOWLEDGED _____