Registration Form

Please complete this form clearly and return it to:- Milissa Seiler, Nagila Pre-School at the above address

I wish to apply for enrolment for my son/daughter for the September/January\* term 202…………….....

\**Delete as applicable*

Child’s full name………………………………………………….. Date of birth………………......................

Address ………………………………………………………………………………………….............................

……………………………………………………………… Postcode……………………………………...

Tel No……………………………………………… Mobile No………………………………........................

E-mail address ………………………………………………………………………………………….............

Mother’s full name ……………………………………………………………………………………............

Father’s full name ……………………………………………………………………………….....................

Postcode ………………………………… Tel No …………………………………………….......................

Known medical problems or developmental concerns……………………………………...........................

……………………………………………………………………………………………………………………......................

Synagogue of which family are members ……………………………………………………………...........

Sibling(s)/age(s)/school(s) attended: ...………………………………………………………………............

……………………………………………………………………………………………………………………………

***I undertake to pay all fees in advance; give a full terms notice in writing before removing my child (or pay any fees in lieu thereof) and I note there is no refund of fees if my child is absent from School.***

***On signing this form, I understand that under the terms of the data protections legislations, Nagila and therefore EHRS, will contact me with information that is appropriate to my contractual arrangements with the organisation. Nagila and therefore EHRS will also contact me with details of activities and events taking place that are within the scope of my arrangements with Nagila and EHRS.***

***I also indicate here that I would like to receive information from EHRS about other activities, events and general information and I understand that I may, at any time, opt-out of this agreement [  ]***

***The EHRS Data Privacy Notice may be obtained from*** [***http://ehrs.uk/dataprivacy***](http://ehrs.uk/dataprivacy)

Parent/Guardian’s signature . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date . . . . . . . . . . . . . . .