



# Registration Form

Starting 2015-Ongoing

**Jewish After-School Enrichment: A Program of L'Chaim Chabad-Kingston**

Please send form with \$50 enrolment/book fee to: Jewish After-School Enrichment PO BOX 2286 Moorabbin 3189  
Phone 9553 3805 | email [jae@jewishmelbourne.com.au](mailto:jae@jewishmelbourne.com.au)

Parent's Information			
Father's Details		Mother's Details	
Full Name			
Home Phone			
Mobile			
Email			
Home Address			
Country of Birth			
Marital Status		Officiating Rabbi	
Family Email: All communication will be done via email:		<input type="checkbox"/> As Above <input type="checkbox"/> Other: _____	
Is the Natural Mother of the child Jewish?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any conversions in the family? If Yes, Please Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Child's Information			
Surname		Gender	<input type="checkbox"/> M <input type="checkbox"/> F
First Name		DOB:	___/___/___
Hebrew Name:			
Address			
Child's Email (Optional)			
School Attending in 2015		Grade in 2015	
Hebrew Reading Proficiency		Previous Jewish Education	
<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced		<input type="checkbox"/> School: Name of school _____ <input type="checkbox"/> Private Tutor <input type="checkbox"/> Other	

Medical & Special Needs Information			
Medical Conditions:	(Please attach plan/details if relevant)	<input type="checkbox"/> Management Plan attached	
Known Drug or Food Allergies:	(Please attach plan/details if relevant)	<input type="checkbox"/> Management Plan attached	
Ongoing Medication:			
Family Doctor Name:		Phone Number:	
Special Needs/Learning Difficulties	(Please specify)		

Emergency contact (other than parents)			
Name		Relationship	
Home Phone		Mobile Number	
Other Person Authorised to collect child			
Name		Relationship	
Home Phone		Mobile Number	

I hereby authorise L’Chaim Chabad- Kingston & MHC leaders and staff to obtain any medical care necessary for my child. I understand that in the case of emergency of any significant illness or injury, attempt will be made to contact myself when practical. I agree to pay for any cost that may occur as a result of the injury/illness. I acknowledge my child may participate in activities within and outside the Centre's grounds. I authorise my child to participate in these activities and use any transport organised by the school. I hereby authorise L’Chaim Chabad Kingston & MHC to photograph my child and to use the photographs at their discretion.

**ANNUAL PAYMENT & MULTI-YEAR ENROLMENT DECLARATIONS**

I hereby confirm my child’s enrolment in JAE-Jewish Afterschool Enrichment Program.

I authorise L’Chaim Chabad to charge the Enrolment Fee on my credit card, and should I not choose to pay my fees by any other means within 14 days of each start of term, I further authorise to charge the balance to my CC.

I fully understand that this enrolment, as part of my commitment to a long-term Jewish education at JAE, is accepted only on the basis of a minimum of one full year, and agree to pay the full annual fees accordingly.

I further understand that as part of this long-term commitment to Jewish education, this is a Multi-Year Enrolment & Payment Form, and my child will automatically move up a level on the same day each consecutive year, and agree to be charged accordingly (fees may change upon notification).

**Mid-Year Withdrawal:**

In the event of a withdrawal mid-year, the Term’s remainder is payable plus a Termination Fee of \$200 unless one full Term’s notice is given in writing (mail or email). Exceptions are outlined in JAE’s Policy Book. I authorise L’Chaim Chabad-Kingston to charge my credit card accordingly.

**End-Year Withdrawal:**

In the event of an end-year withdrawal, charges for the new year will apply unless notice is given in writing (as above) by the commencement of Term 4, and I authorise L’Chaim Chabad-Kingston to charge accordingly.

I certify that the above information is true and correct, and agree to terms and conditions as per Policy Book. (Copy available from the office)

*I agree to above declaration:*

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_/\_\_/20\_\_

Enrolment & Book Fee	
To secure your place please enclose the \$50 enrolment and book fee.	
Payment type	O Credit card O Cash O Cheque (payable to L’Chaim Chabad) O Bank Transfer
O Visa O Master card	
Name on card: _____ Amount: \$50.00	
Card #: _____	
Expiry Date: ..... Signature: .....	

Tuition	
Credit Card-Direct Debit	
<input type="checkbox"/> To help save administrative costs, I authorise you to debit my credit card in advance of each term. (Your card will be debited the first week of each term)	
<b>The cost of the Jewish After School Enrichment is \$135 per term</b> (no child will be turned away-discounts available please contact our office)	
O Visa O Master card	
Name on card: _____ Amount: \$50.00	
Card #: _____	
Expiry Date: ..... Signature: .....	