



YAMIM NORA'IM 2012 CRECHE REGISTRATION FORM



Crèche facilities for the Yamim Nora'im will be available for young children of our *Kehilah*.

CONDITIONS OF USE

- **Pre-booking mandatory:** To meet child safety requirements, Mizrahi/EJC **cannot** allow a child entry into the crèche without a completed registration form.
- **Photo ID mandatory:** A copy of a current photo ID of each person who will drop off or collect a child, as well as a recent, clear photo of every child at the crèche, **must** be submitted to Mizrahi/EJC together with this form.
- **Medical conditions:** Parents must declare any allergies and medical conditions. We cannot take responsibility for children with undisclosed conditions. Please advise of all conditions below.
- **Emergencies:** A parent **must** be on the Shule property **at all times** while your child is in the crèche. If you cannot be found, your signature below will authorise us to make decisions on your behalf at your cost.
- **Ages:** The **minimum** age for children to attend the crèche is three years and they must be fully toilet trained. Staff will not change nappies/pull ups. The **maximum** age is 12 years old.
- **Food:** Kosher Nush/drinks may be brought in. Please do not bring **anything** with Nuts (including *Bamba*).
- **Cost:** There is a nominal fee of **\$10 per child per session**.

This completed form must be returned to the Mizrahi office by COB on Friday 7 September 2012.

A. PARENT INFORMATION

PARENTS' NAMES: _____ CONTACT NUMBER: _____

EMAIL: _____ MOBILE: _____

MINYAN ATTENDING: Beit Yehuda Beit HaRoeh Beit Midrash (Bogrim) Minyan Elsternwick Jewish Community

B. CHILDREN'S DETAILS / We wish to book the following child(ren) into the Yamim Noraim Crèche at Mizrahi/EJC...

CHILD 1: NAME _____ AGE _____ ALLERGIES _____

MEDICAL CONDITIONS: _____

CHILD 2: NAME _____ AGE _____ ALLERGIES _____

MEDICAL CONDITIONS: _____

CHILD 3: NAME _____ AGE _____ ALLERGIES _____

MEDICAL CONDITIONS: _____

CHILD 4: NAME _____ AGE _____ ALLERGIES _____

MEDICAL CONDITIONS: _____

C. DATES CRÈCHE IS REQUIRED (tick according to the child number specified above)

Rosh Hashanah				Yom Kippur			
Mon 17 Sep 10:00a-1:30p	Tue 18 Sep 10:00a-1:30p	Kol Nidrei 5:45p- 8:45p	Wed 26 Sep 10a-3:30p	Wed 26 Sep 4:30p-7:00p			
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>			

D. PAYMENT DETAILS

Amount = number of ticks in section C x \$10.00 = \$ _____

Cheque for amount above is enclosed. Cheques should be made payable to "Mizrachi Organisation".

Please charge my credit card for amount above

Credit Card Type: Mastercard Visa

Credit card No: _____ / _____ / _____

Expiry Date: ____ / ____

Name on Card: _____

Signed: _____ Date: _____

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