

CHEDER ENROLMENT FORM

* Required

Beit Or v'Shalom Inc בית אור ושלום



A VIBRANT AND ENDURING FOCUS FOR PROGRESSIVE JEWISH LIFE AND
THOUGHT IN BRISBANE

PARENT / GUARDIAN 1:

1. Surname: *

2. First name/s: *

3. Address: *

4. Phone No/s: *

5. Email: *

Parent/Guardian 2:

6. Surname: *

7. First name/s: *

8. Address: *

9. Phone/s: *

10. Email: *

EMERGENCY CONTACT

11. Name *

Are you a Member or Associate?

All Parents of Cheder Children are required to be either a Member or Associate of Beit Or v'Shalom.

12. I am a Member/we are Members of Beit Or v'Shalom Inc: *

Mark only one oval.

Yes

No

13. I am an Associate/we are Associates of Beit Or v'Shalom Inc: *

Mark only one oval.

Yes

No

Cheder Fees

2021 Fees (per annum) are \$200 for 1 Child with a Max of \$400 per family with two (2) or more children. These fees can be paid on a Term Basis (\$50 per term (1child) with there being 4 terms per year)

There is also a Fee of \$10 per child for Art Materials.

Fees (except for the art materials fee) will be pro-rated for part year attendance. An invoice will be issued on receipt of your child's/children's enrolment form. Fees may be paid in instalments by arrangement with the Treasurer.

Beit Or v'Shalom will give sympathetic consideration to an application for a reduction in fee levels for those in financial difficulty. Please contact the Treasurer treas@beitorvshalom.org.au for a confidential discussion.

14. First Child's English Name *

15. Child's Hebrew Name

16. Child's Date of Birth *

Example: January 7, 2019

17. School Grade/Year

18. Second Child's English Name

19. Second Child's Hebrew Name

20. Second Child's Date of Birth

Example: January 7, 2019

21. Second Child's School Grade/Year

22. Third Child's English Name

23. Third Child's Hebrew Name

24. Third Child's Date of Birth

Example: January 7, 2019

25. School Grade/Year

Parent/s'
Comments:

Please provide a brief indication of the level of Jewish knowledge and Hebrew language skills your child/ren may have. This will help our teachers structure the program to suit your child's particular needs.

26. My child/ren has/have the following medical conditions / allergies: NOTE: No Nuts are to brought to the Cheder. *

27. What skills do you have that you can share with the teacher/s and children?

28. I am able to help with teaching: *

Check all that apply.

- yes
- No

Agreements

29. I/we agree to abide by the Child Protection Policy and Code of Conduct as set out by Beit Or v'Shalom Inc. *

Mark only one oval.

- Yes
- No

30. I consent to the inclusion of my child’s photograph in Beit Or v'Shalom publicity material such as our Newsletter and the annual report. *

Mark only one oval.

Yes

No

31. Signatures of Parent/s: (Type and write in here or go to next item and upload signature) *

32. Upload your signature here

Files submitted:

For further information please contact the Cheder Director - Email: cheder@beitorvshalom.org.au Please return the completed form to: Beit Or v'Shalom Inc. 13 Koolatah Street, Carina Qld 4152 or scan and email to sec@beitorvshalom.org.au

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