



Beit Or v'Shalom Inc

בית אור ושלום

13 Koolatah Street Carina Qld 4152

W: www.beitorvshalom.org.au

E: sec@beitorvshalom.org.au

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

Proudly affiliated with



UNION FOR PROGRESSIVE JUDAISM

CHEDER ENROLMENT FORM

PARENT / GUARDIAN 1:

Surname: First name/s:

Address: Post Code

Tel Home: Business: Mobile:

Email:

PARENT / GUARDIAN 2:

Surname: First name/s:

Address: Post Code

Tel Home: Business: Mobile:

Email:

EMERGENCY CONTACT:

Name: Phone contact:

I am a member/we are members of Beit Or v'Shalom Inc:

YES / NO

2018 Fees (per annum): Beit Or v'Shalom Member: First child \$200; second child \$150; max \$400 per family

Non-member: First child \$300; second child \$200; max \$600 per family

Art materials fee: \$10 per child

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 on 0403 080928 or treas@beitorvshalom.org.au for a confidential discussion.

CHILD'S ENGLISH NAME	CHILD'S HEBREW NAME	D.O.B.	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.

..... I am able to help with teaching: Yes ☐
My child/ren has/have the following medical conditions / allergies: No ☐

.....**NOTE: No Nuts are to brought to the Cheder.**
What skills do you have that you can share with the teacher/s and children?
.....

- I/we agree to abide by the Child Protection Policy and Code of Conduct as set out by Beit Or v'Shalom Inc.
- I consent to the inclusion of my child's photograph in Beit Or v'Shalom publicity material such as the annual report. (Please delete if not applicable)

Parent/s signature/s: (1) (2)

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

Office Use: Date Received Invoice No/Date..... Paid Date