



80 East End Road, London N3 2SY T: 020 3182 0116 e-mail: [ganalon@nns-masorti.org.uk](mailto:ganalon@nns-masorti.org.uk)



# Gan Alon Registration Form

**PLEASE WRITE IN BLOCK CAPITALS  
AND FILL IN ALL SECTIONS.**

**Child** (For twins/triplets please fill out one form per child)

Forename (name known by)		Middle name:	Surname
Male/Female	Date of Birth	Most Used E-Mail Address (please write clearly)	

**Parent / Guardian 1**

Relationship to Child \_\_\_\_\_

Forename	Surname		
Address			
Post Code	Home Tel.	Mobile	

**Parent / Guardian 2**

Relationship to Child \_\_\_\_\_

Forename	Surname		
Address			
Post Code	Home Tel.	Mobile	

**Are you a member of the New North London Synagogue? Y/N**

(If you have answered NO to the above, but you do join NNLS after submitting this form, please contact the Gan Alon office directly (either by email - [ganalon@nns-masorti.org.uk](mailto:ganalon@nns-masorti.org.uk) or phone 0203 182 0116).

**Are you a member of another Masorti Synagogue? Y/N. If Yes please state \_\_\_\_\_**

**Siblings**

Name	Date of Birth	Did they attend Gan Alon?

**Does your child have special medical needs? (i.e. medications/allergies/conditions). If none, write none.**

**Has your child attended another Early Years setting or childminder already? No / Yes**

If yes, please provide the following information:

Contact Name:

Telephone Number:

Email:

<b>Additional information relevant to your child (e.g., family circumstances, etc.)</b>
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Please tick from **ONE** of the following to describe your child's ethnicity.

Bangladeshi	Pakistani	Indian	Any Other Asian Background	Black African	Black Caribbean
Black British or Any Other Black Background	Chinese	White and Asian	White and Black African	White and Black Caribbean	Any other Mixed Background
Not Obtained	Any Other Ethnic Group	Refused	White British	White Irish	Traveller of Irish Heritage
Any Other White Background					

Please notify the Gan Alon office (not NNLS) immediately of changes to any of the details on this form so that we can update or upgrade your information.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note this registration form **must be received by the 30<sup>th</sup> September** prior to the academic year (September-July) your child would start at Gan Alon. Places are allocated from the October.

Please return all forms either by post to:

Gan Alon Pre-School  
80 East End Road  
London N3 2SY

or scan to: [ganalon@nnls-masorti.org.uk](mailto:ganalon@nnls-masorti.org.uk)