Kollel Menachem Lubavitch

Under the auspices of the Lubavitcher Rebbe, Rabbi Menachem Mendel Schneerson



כולל מנחם ליובאוויטש

נחת נשיאות

כ"ק אדמו"ר מנחם מענדל מליובאוויטש

SUMMER LEARNING PROGRAM CHILD APPLICATION FORM

Name of parent:	Mobile Number:			
Email Address:		@		
Postal Address:				
Who is attending Summer Learn	ing Experien	ce?		
☐ Both parents ☐ M	other is atte	ending	☐ Father is attending	
I wish to enroll the following chi	ld/ren in the	Summer Learnin	g Children's Program.	
1. Child's Name	Child's age	CRN Number	Days required (please tick)	Cost per day \$30 (please tick)
			☐ Full week ☐ Daily : No of days:	Crèche \$30 Kinder \$30 Cheder \$30
			☐ Full week ☐ Daily : No of days:	Crèche \$30 Kinder \$30 Cheder \$30
			☐ Full week ☐ Daily : No of days:	☐ Crèche \$30 ☐ Kinder \$30 ☐ Cheder \$30
Relevant medical/allergy informati				
Any known allergies?				
Is your child/ren on Medication? If please list:				
Emergency Contact Details:				·····
CRN Number(s): Payment Options:			Total Amount o	
☐ Cash ☐ Visa/Mastercard	☐ Cheque	(payable to Yeshivah	Centre Kollel Menachem)	
Please find enclosed a cheque for the amount of \$			Cash \$	_
Credit card Details: Visa	☐ Master C	Card		
Card No			Exp Date/	
Signed:	Date:			

Please fill out form and fax to (03) 9522 8266 or email Rabbi.Lange@yeshivahcentre.org with payment by Wednesday 11th December 2013.