

NEW STUDENT RE-ENROLMENT

To secure your place, please return completed form with a \$100 enrolment fee ASAP to:
LAMDENI, 482c Glenhuntly Road, Elsternwick 3185 | T 9533-0090 | F 9533-0049 | E info@lamdeni.org

OFFICE USE ONLY מ"ב	
Recv _____	Ent <input type="checkbox"/>
D&L _____	Confirmed <input type="checkbox"/>

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CHILD'S DETAILS	
Surname	Gender <input type="radio"/> Male <input type="radio"/> Female
Given names	Hebrew name
Home Address	
Suburb	Postcode
School (2010)	Grade
School (2009)	
Past Hebrew Lessons <input type="radio"/> Never <input type="radio"/> Lamdeni <input type="radio"/> Private Tutor <input type="radio"/> Other <i>specify</i>	
Hebrew Level <i>New Students only</i> <input type="radio"/> Beginner <input type="radio"/> Intermediate <input type="radio"/> Advanced <input type="radio"/> Speaks/Understands Hebrew	
Date of birth / /	Child's photo: <input type="radio"/> Attached <input type="radio"/> Emailed to admin@lamdeni.org
Child's Email	
MEDICAL AND SPECIAL NEEDS DETAILS	
Doctor's Name & Phone	
<input checked="" type="radio"/> Is your child taking permanent medications? <input type="radio"/> No <input type="radio"/> Yes – <i>specify</i>	
<input checked="" type="radio"/> Any known allergies (incl. reactions to medications) and any present medical conditions? <input type="radio"/> No <input type="radio"/> Yes – <i>specify</i>	
<input checked="" type="radio"/> Any special needs or learning difficulties? <input type="radio"/> No <input type="radio"/> Yes – <i>specify and attach documentation of learning requirements</i>	
PARENTS DETAILS	
<input checked="" type="checkbox"/> Parents with more than one child at Lamdeni: complete this section on one Enrolment Form only	
FATHER	MOTHER
Surname	
Given name(s)	
Hebrew name(s)	
Date of birth (!)	
Occupation	
Home Address	
Home Phone	
Work Phone	
Mobile	
Email	
Country of Birth	
Main Language	
Marital Status	Rabbi/Officiator
Family Email <i>Most communication will be via email</i> <input type="radio"/> As all above <input type="radio"/> other:	
Main expectation <input type="radio"/> Jewish heritage <input type="radio"/> Hebrew <input type="radio"/> Social Jewish environment <input type="radio"/> After-Care <input type="radio"/> All	



EMERGENCY CONTACT (OTHER THAN PARENTS)			
NAME	RELATIONSHIP	HOME PHONE	WORK/MOBILE PHONE

OTHER PERSON AUTHORIZED TO COLLECT CHILD			
NAME	RELATIONSHIP	HOME PHONE	ADDRESS

Custody/access arrangements NO YES - Please attach details and legal documentations

GENERAL INFORMATION
<input type="radio"/> I authorise my phone number and email address to be published in a class list
<input type="radio"/> I can assist Lamdeni by occasional volunteering eg:
<input type="radio"/> If needed, my business can assist Lamdeni with (eg: flowers at reduced rates):
How did you find out about Lamdeni? Please specify

ENROLMENT DETAILS	
ATTENDANCE DAY Please specify below your preferred attendance day <i>To be confirmed in writing, subject to availability</i>	
1st preference: <input type="radio"/> Mon <input type="radio"/> Wed <input type="radio"/> Thu <input type="radio"/> Any Day	Info required on: <input type="radio"/> Holiday Programs <input type="radio"/> Bat Mitzvah Program (starts July) <input type="radio"/> Bar Mitzvah Program (starts March)
2nd preference: <input type="radio"/> Mon <input type="radio"/> Wed <input type="radio"/> Thu	
Classes for Hebrew Speakers: <input type="radio"/> Tuesday: Hebrew enrolment required	

ACCIDENT, EXCURSION & PRIVACY DECLARATION

Accident: In the event of illness or injury to my child whilst attending Lamdeni Inc or Hamerkaz Shelanu Inc aftercare program: I authorise the co-ordinator, principal or staff members in charge of my child, where it is impracticable to communicate with me, to seek and obtain emergency, medical, hospital or ambulance attention or service on my behalf as may be deemed necessary.

Excursion: I give permission for my child to attend the excursions organised as part of the program.

Privacy: I give permission for my child’s photographs/videos to be used in newsletters, Jewish News or for promotion of the program.

PROGRAM & PAYMENT DECLARATION

I hereby confirm my child’s enrolment in Lamdeni’s after-care, including Hebrew and Jewish Heritage programs.

I certify that the above info is true and correct, and agree to Lamdeni’s terms and conditions as per Policy Book (copy available at Lamdeni office).

I authorise Lamdeni to charge the Enrolment Fee on my credit card/bank account, and should I not choose to pay my fees by any other means within 28 days of each calendar month, I further authorise to charge the balance to my CC/bank account.

I fully understand that this enrolment, as part of my commitment to a long-term Jewish education at Lamdeni, is accepted only on the basis of the full year program, and agree to pay the full annual fees accordingly. In the event of withdrawal, the Term’s remainder is payable plus a Termination Fee of \$275 (one quarter’s fee) applies unless one full Term’s notice is given in writing. Exceptions are outlined in our Policy Book. I authorise Lamdeni to charge my credit card/bank account accordingly.

Parent’s/guardian’s Signature	Date / /
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☛ To ensure your place and benefit from **reduced fees**, this form must be completed

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PAYMENT AND SUBSIDIES INFORMATION

FULL ANNUAL TUITION FEE: \$1100 | HUGE SUBSIDIES AVAILABLE TO ALL!

DIRECT DEBIT DISCOUNT: \$950 (SAVE \$150) | AFTER CCB & 50% REBATE: **\$330 TO **\$475!****

In order to ensure that Lamdeni is affordable to all, our fees are kept to the minimum. The tuition fee covers all weekly programs, both Hebrew language and Jewish programs, including after care, snacks & drinks. An additional \$100 Enrolment/Book Fee covers all books and supplies throughout the year.

Should you experience exceptional financial difficulties, please contact our office admin@lamdeni.org.

 **ezidebit. DIRECT DEBIT DISCOUNT:** Save \$150 by paying via automatic credit card or bank account payments: 11 monthly debits of **up to \$86** (less your Child Care Benefit).

HOW TO SUBSTANTIALLY CUT YOUR FEES?

Please take advantage of the financial benefits Lamdeni offers everyone – and save substantially.

- ☉ **Direct Debit Discount: Save \$150** | See back page.
- ☉ **Huge Government Subsidies for all** | It's easy. We are glad to help you.

1 | Child Care Benefit (CCB) – save up to approx \$290 annually, deducted automatically from your fees. The exact deduction amount is based on your income.

All you need to do is to inform us of the Costumer Reference Number (CRN) of both your family and child, provided to you by the Family Assistance Office (FAO). If you don't have the above CRN's, register with the FAO on **136150**.

2 | The 50% Child Care Tax Rebate – your out-of-pocket expenses was, say, \$600 (after CCB), you now receive back **50%**, i.e. \$300 – and it's **not** means tested!

It's additional to the CCB and is paid quarterly directly to your account by the FAO or claimed annually through the tax system.

How to work out your savings?

	LOW INCOME	HIGH INCOME
Our annual fee Direct Debit	\$950	\$950
less		
Child Care Benefit	\$290	\$0
equals		
Out-of-pocket expenses	\$660	\$950
less your rebate		
50% child care tax rebate	\$330	\$475
total		
YOUR REAL YEARLY COST	\$330	\$475

The above figures are a general guide only. Please consult your financial adviser.

Lamdeni offers the above subsidies as a fully accredited government-approved after-care centre.

For more info visit www.familyassist.gov.au and www.ato.gov.au.



PAYMENT DETAILS

Please invoice the child's: Father Mother Other: Name _____

Billing Address *If different than home address* _____

Suburb _____ Postcode _____

ENROLMENT FEE & BOOK FEE: \$100 | To secure your place, please enclose this non-refundable fee with your form
This fee also covers all books and supplies, and is not part of the annual tuition fees

Cash Cheque payable to Lamdeni Direct Debit EziDebit from Bank Account *supply details below*

Credit Card: Name on Card _____ Cardholder's signature _____

Visa / MasterCard _____ - _____ - _____ - _____ Expiry ____/____


GOVERNMENT SUBSIDIES | Yes, YOU can enjoy Lamdeni's HUGE government subsidies. It's worth it!
See page 3 for more details. We are glad to help you!

I applied for Family Assistance Office's subsidies: **Family CRN:** _____ **Child's CRN:** _____

I need more guidance, help!

TUITION PAYMENT AUTHORISATION

DIRECT DEBIT DISCOUNT | EZIDEBIT CREDIT CARD / BANK ACCOUNT

 **Help us save admin cost** by completing this credit card / Bank Account authorisation section, to be processed by a service such as EZIDEBIT or our office. Help us help you!

Please charge my annual fees by debiting my credit card / bank account:

11 monthly payments of up to \$86 each (save \$150) less my CCB | *charged on the 1st of each month, starting 1/2/10*

Full annual fee of \$920 (save \$180) | *charged on or after the 1/2/10*

Bank Account details: Institution Name _____ Branch Location _____

Account Name _____ BSB _____ Account No. _____

OR

Credit Card details: As above As follows: Name on Card _____

Visa / MasterCard _____ - _____ - _____ - _____ Expiry ____/____

I/we authorise Ezidebit P/L ACN 096 902 813 (User ID 165969) to debit my/our account at the Financial Institution identified above through the BECS in accordance with the above payment details (service charge may also apply) and as per the Ezidebit P/L DDR Service Agreement (www.lamdeni.org/ezidebit) and Lamdeni's terms & conditions which I/we have received/read and understood.

Parent's/cardholder's Signature _____ **Date** ____/____/____

