

NEW STUDENT  RE-ENROLMENT

To secure your place, please return completed form with a \$100 enrolment fee to:  
LAMDENI, 482c Glenhuntly Road, Elsternwick 3185 | T 9524-7777 | F 9524-7799 | E [info@lamdeni.org](mailto:info@lamdeni.org)

OFFICE USE ONLY	
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D _____	
L _____	
Confirmed • _____	

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CHILD'S DETAILS	
Surname	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Given names	Hebrew name
Home Address	
Suburb	Postcode
School (2012)	Grade (2012)   School (2011)
Past Hebrew Lessons	<input type="checkbox"/> Never <input type="checkbox"/> Lamdeni <input type="checkbox"/> Private Tutor <input type="checkbox"/> Other <i>specify</i>
Hebrew Level	<i>New Students only</i> <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced   <input type="checkbox"/> Speaks/Understands Hebrew
Date of birth / /	Child's photo: <input type="checkbox"/> Attached <input type="checkbox"/> Emailed <a href="mailto:coordinator@lamdeni.org">coordinator@lamdeni.org</a>
Child's Email	

MEDICAL AND SPECIAL NEEDS DETAILS
Doctor's Name & Phone
☛ Is your child taking permanent medications? <input type="checkbox"/> No <input type="checkbox"/> Yes – <i>specify</i>
☛ Any known allergies (incl. reactions to medications) and any present medical conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes – <i>specify</i>
☛ Any special needs or learning difficulties? <input type="checkbox"/> No <input type="checkbox"/> Yes – <i>specify and attach documentation of learning requirements</i>

PARENTS DETAILS	
<b>E</b> 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	All communication will be via email <input type="checkbox"/> As all above <input type="checkbox"/> other:
Main expectation	<input type="checkbox"/> After-Care <input type="checkbox"/> Jewish Heritage <input type="checkbox"/> Hebrew <input type="checkbox"/> Social Jewish environment <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/> YES - Please attach details and legal documentations			
If Yes - would you like information sent to both parents? <input type="checkbox"/> NO <input type="checkbox"/> YES			

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

ENROLMENT DETAILS	
<b>ATTENDANCE DAY</b>   Please specify below your preferred attendance day   To be confirmed in writing, subject to availability	
1st preference: <input type="checkbox"/> Mon <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Any Day	Info required on: <input type="checkbox"/> Holiday Program – KefKidz <input type="checkbox"/> Bat Mitzvah Program (starts July) <input type="checkbox"/> Bar Mitzvah Program (starts March) <input type="checkbox"/> Teen Programs
2nd preference: <input type="checkbox"/> Mon <input type="checkbox"/> Wed <input type="checkbox"/> Thu	
Classes for Hebrew Speakers: <input type="checkbox"/> 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 coordinator, 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 leave Lamdeni and attend the excursions organised as part of the program.

**Privacy:** I give permission for my child’s photographs/videos to be used in publications, on our website, on our Facebook page, Jewish News or for promotion of the program.

**ANNUAL 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 information 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 a minimum of one full year, 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 \$350 applies unless one full Term’s notice is given in writing (mail or email coordinator@lamdeni.org). Exceptions are outlined in our Policy Book. I authorise Lamdeni to charge my credit card/bank account accordingly.**

**NEW: LAMDENI ONGOING ENROLMENT POLICY**

**I understand that this is a Multi-Year Enrolment Form and commitment to a Lamdeni education, where my child will automatically move up to the following level and day each consecutive year, and charged accordingly (fee may change) (unless notice is given in writing by the end of Term 3). A new credit application will need to be signed prior to confirmation of your child’s place.**

Parent’s/guardian’s Signature	Date / /
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*E To ensure your place, this payment section must be fully completed ASAP*

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### PAYMENT AND SUBSIDIES INFORMATION

**ANNUAL FEE - DIRECT DEBIT \$1298 | HUGE SUBSIDIES AVAILABLE TO ALL!**

**MONTHLY FEE - DIRECT DEBIT: \$118 | AFTER ELIGIBLE CCB & REBATE: \$45 TO \$59!**

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.

**ACCOUNTS QUERIES:** Please contact Child Care Central 1300-733-667 or [admin@childcarecentral.com.au](mailto:admin@childcarecentral.com.au) – a professional company who administer (on Lamdeni’s behalf) all financial and government benefits’ related matters.

Should you experience exceptional financial difficulties, please contact our office [accounts@lamdeni.org](mailto:accounts@lamdeni.org).



**DIRECT DEBIT:** Pay via automatic credit card or bank account payments: 11 monthly debits of up to \$118 (less your Child Care Benefit and Rebate).

### HOW TO SUBSTANTIALLY CUT YOUR FEES?

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

☞ **Discount: Save \$100 | 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 \$305 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 Customer Reference Number (CRN) of both your family and child, provided to you by the Family Assistance Office (FAO). If you don’t have CRN’s, register with the FAO on **136150**.

**2 | Child Care Rebate** – your out-of-pocket expenses was say, \$990 (after CCB), you receive back up to **50%**, i.e. \$495 – and it’s **not** means tested! Some conditions apply see:

[http://www.centrelink.gov.au/internet/internet.nsf/payments/childcare\\_rebate.htm](http://www.centrelink.gov.au/internet/internet.nsf/payments/childcare_rebate.htm) (Ctrl and left click)

The Rebate is additional to CCB and can be paid weekly, fortnightly or quarterly directly to your account or to Lamdeni by the FAO or claimed annually through the tax system. It’s up to you!

### How to work out your savings?

	LOW INCOME	HIGH INCOME
<b>Our annual fee   Direct Debit</b>	\$1298	\$1298
less		
<b>Child Care Benefit</b>	\$305	\$0
equals		
<b>Out-of-pocket expenses</b>	\$993	\$1298
less your rebate		
<b>Up to 50% Child Care Rebate</b>	\$496 <sup>50</sup>	\$649
total		
<b>YOUR REAL YEARLY COST</b>	\$496 <sup>50</sup>	\$649

**YOUR REAL MONTHLY COST  
AFTER ALL REBATES**

\$45

\$59

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

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

For more info visit [www.familyassist.gov.au](http://www.familyassist.gov.au) and [www.ato.gov.au](http://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  Credit Card/Direct Debit from Bank Account via redPAY *supply details below*

**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!*

My details: Family CRN: \_\_\_\_\_ Child's CRN: \_\_\_\_\_  Details supplied in 2011  
 I applied for CRN's from Family Assistance; will supply details to Lamdeni ASAP  I need more guidance, help!

### TUITION PAYMENT AUTHORISATION



#### CREDIT CARD/DIRECT DEBIT | VIA CHILD CARE CENTRAL (REDPAY)

**Help us save admin costs** by completing this credit card / Bank Account authorisation section, to be processed by our administration company Child Care Central (redPAY) 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 \$118 each** *less my CCB* | *charged on the 1st of each month, starting 1/2/12*
- Full annual fee of \$1198 (save \$100)** | *charged on or after the 1/1/12*
- Optional:** I would like to add a \$50 Tax Deductible Donation to Lamdeni's new Library.

**Bank Account details:**  
Institution Name \_\_\_\_\_ Branch Location \_\_\_\_\_  
Account Name \_\_\_\_\_ BSB \_\_\_\_\_ Account No. \_\_\_\_\_

**OR**

**Credit Card details:**  
Name on Card \_\_\_\_\_ Visa / MasterCard \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Expiry \_\_\_\_ / \_\_\_\_

I/We authorise Redbourne Business Services P/L t/as Child Care Central ACN 095 164 588 (User ID 314011) to debit my/our account at the Financial Institution identified below through the BECS in accordance with the above payment details (service charge may also apply) and as per the [Child Care Central Service Agreement](#) ([www.childcarecentral.com.au](http://www.childcarecentral.com.au)) and Lamdeni's terms & conditions which I/we have received/read and understood.

<b>Parent's/cardholder's Signature</b> _____	Date            /            /
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