

## Belsize Square Synagogue (BSS) Cheder Registration Form

| Child's details:                                    |                      |  |
|---|----------------------|--|
| Child's surname:                                    | Child's forename(s): |  |
|   |                      |  |
| Child is known as:                                  | Hebrew name:         |  |
|   |                      |  |
|   |                      |  |
| Child's home address: Name or Number of house/flat: |                      |  |
|   |                      |  |
| Town:   | City:                |  |
|   |                      |  |
| County:   | Postcode:            |  |
|   |                      |  |
| Daytime phone number:                               | Date of birth:       |  |
|   |                      |  |
| Current siblings at BSS Cheder (Name(s)             | and class(es)):      |  |
|   |                      |  |
| Evening phone number:                               |                      |  |
|   |                      |  |
| Emergency contact name ①:                           | Relation to child:   |  |
|   |                      |  |
|   |                      |  |
| Emergency contact number:                           |                      |  |
|   |                      |  |

| Emergency contact name ②: Rela  | Relation to child:  |  |  |  |
|---|---|--|--|--|
|   |   |  |  |  |
| Emergency contact number:   |   |  |  |  |
|   |   |  |  |  |
| Parents' Details: Parent/Carer ①: Title, forename(s) and surname: surname                       | Parent/Carer ②: Title, forename(s) and                          |  |  |  |
| Parent/Carer ①'s address & postcode (if different from child's)                                 | Parent/Carer ②'s address & postcode (if different from child's) |  |  |  |
|   |   |  |  |  |
| Parent/Carer ①'s occupation:  | Parent/Carer ②'s occupation:                                    |  |  |  |
| Parent/Carer ①'s mobile number:   | Parent/Carer ②'s mobile number:                                 |  |  |  |
| Parent/Carer ①'s email*:  | Parent/Carer ②'s email*:  |  |  |  |
| *Communications regarding Cheder will be sent any time.   | t to these email addresses. You can opt out at                  |  |  |  |
| Contact Details – Do you give permission for us phone number and email address) with other pare |   |  |  |  |
| Yes   |   |  |  |  |
| ☐ No  |   |  |  |  |

| Are you members of a Synagogue?  | If yes, which one?  |
|--|---|
| Yes  |   |
| ☐ No   |   |
| Our vision is to create "A Cheder, For the Commlooking for people to help or contribute to Chede appreciate Parents or Carers sharing a skill or tayoga, gardening, sport, careers advice ec). Please could help us and what skill or talent you have that | er if at all possible. Moreover, we particularly alent that they may have with our pupils (e.g. let us know in the box below if you think you |
|  |   |
| Additional Details: Child's current and previous schools:  | Current school year:  |
| Cinia y current and pre trous sensors.   |   |
|  |   |
|  |   |
|  |   |
| Does your child have any significant medical cond  | litions and/or requirements?  |
|  |   |
|  |   |
|  |   |
|  |   |
| Does your child have any allergies? Yes / No. If Y   | Yes, please give further details here:  |
|  |   |
|  |   |
|  |   |
| Should your contact details change, please cearliest convenience.  | ontact the Office to update them at your  |
| Consent for Photos: I hereby give consent for photos/videos of my chil   | dren to be displayed (tick box to consent):   |
| 1. Within the Synagogue and on its website/s   | ocial media platforms   |

| 2. In o   | other Jewish publications (e.g. JC, LJN, websites   | s/social media, etc)   |   |
|---|---|--|---|
| 3. Loc  | eal and National Press  |  |   |
| I hereby gi   | or First Aid: ive consent for basic First Aid to be administed the activities held at the Synagogue:  | ered to my child, if necessa   | ary, during   |
| YES   |   |  |   |
|   | ke us aware of any allergy/medical informon at Cheder.  | nation that may affect yo  | ur child's  |
|   | there is anything else that you feel we need to<br>eeds, in order to support your child's learning/   |  |   |
|   |   |  |   |
| We are awa<br>are happy f<br>aware enou<br>for this and<br>whilst we a<br>cannot allo | nome alone policy: are that some parents would like their child(ren) for children in Year 5 and above to do so if you agh to tackle a short journey home by themselve d a separate Consent form is available from the are happy for children in Year 5 and above when to take responsibility for their younger fill understand that this is a Safeguarding issue we | u believe your child is responses. We require your written per Synagogue Office. Please to leave the Synagogue presiblings and walk them hor | onsible and<br>permission<br>e note that,<br>emises, we<br>me too and |
| Should you  | wish to receive a form, please tick this box:   |  |   |
| Signed:   |   | (Parent) Date:   |   |
| Seen and si   | igned:  | (Head Teacher) Date:   |   |
| Admission   | date:   |  |   |