



## Cheder Registration Form 2017/2018

*One form per child. All fields to be filled in*

### **Details about your child**

First Name \_\_\_\_\_ Surname \_\_\_\_\_

DoB \_\_\_\_\_

School Year \_\_\_\_\_

Best Email (for updates) \_\_\_\_\_

Best Contact Number \_\_\_\_\_

### **Parent/Guardian Details**

Full Names and relations \_\_\_\_\_

Additional contact number \_\_\_\_\_

Additional email \_\_\_\_\_

### **Emergency Contacts**

**1)** Full Name \_\_\_\_\_

Contact Number \_\_\_\_\_ Relation to Child \_\_\_\_\_

**1)** Full Name \_\_\_\_\_

Contact Number \_\_\_\_\_ Relation to Child \_\_\_\_\_

### Consent for Photos

I hereby give consent for Photos/Videos to be displayed (tick box to consent):

- . **1)** Within the Synagogue
- . **2)** In other Jewish publications  
(e.g. LJ today, YLJC website/social media, etc)
- . **3)** Local and National Press

### Consent for First Aid

I hereby give consent for basic first aid to be administered to my child, if necessary, during Cheder Class or other activity held at the synagogue

Please make us aware of any allergy/medical information that may affect your child's participation at Cheder:

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Finally, is there anything else that we need to be made aware of, such as additional learning needs, so that we can support your child learning/wellbeing:

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I enclose £50 cash/cheque (payable to York Liberal Jewish Community) to secure my child's place for one year.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*If you need to discuss this form feel free to contact our Cheder teacher on orlyaskew@gmail.com .*