



# HGS CHALLENGE APPLICATION FORM 2011/2012

<b>Child:</b> Surname	Forenames
Known as	Hebrew name
Child's home address	
	Postcode
Date of Birth	Home tel. no.

<b>Mother:</b> Title & Surname	<b>Father:</b> Title & Surname
Forenames	Forenames
Mother's address (if different to child's)	Father's address (if different to child's)
Postcode	Postcode
Email	Email
Mobile No.	Mobile No.
Order of contact in case of emergency:	Order of contact in case of emergency:

<b>Educational History</b>	
Name of Primary School	
Name of intended Secondary School	
Please give details of any (supplementary) Jewish education your child has received including whether your child has attended a Cheder:	



### Medical Issues

Does your child have any significant medical requirements / allergies?

Does your child have any significant needs (educational / developmental / social)? Please use additional paper if required.

### Payment

The Challenge Programme will run for 3 terms and costs £160 per term.

Please tick as appropriate:

<b>Cheque</b>	I enclose a cheque of £160 made payable to <b>United Synagogue 019</b> for the first term.	
<b>Card</b>	I have contacted the Shul Office (0208 455 8126) and paid £160 by credit card for the first term	

By signing below you agree for your child to attend HGS Challenge and go on any trips that are organised as part of the programme.

Signature of Parent/Guardian

Date

### Consent to Photography

At Challenge we would like to take photographs of participants and use them for displays and promotional material. Please sign below to consent to your child being photographed for these purposes.

Signature of Parent/Guardian

Date