**PLEASE NOTE  
NEW ADDRESS FOR COMPLETED FORMS TO BE SENT TO**

**CHILD APPLICATION FORM 2020**

Please complete a separate form for each child

|  |  |
| --- | --- |
| Application for | **Group 1**  **Group 2**  **Group 3**  Entering Reception / Y1 Entering Y2 / Y3 Entering Y4 / Y5 / Y6 |

**Child’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth | /       / |
| School |  | Going into school year |  |
| Parent’s Name |  | | |
| Home Address |  | | |
| Postcode |  | | |
| Telephone |  | Mobile |  |
| E-Mail |  | We are BES members | Yes  No |

**Emergency Contact Details (not someone named above)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Relationship to child |  |
| Telephone |  | Mobile |  |
| E-Mail |  | | |

**Medical Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Doctor’s Name |  | Telephone |  |
| Address |  | | |

Please answer “Yes” or “No” to the following sections. If answering “Yes”, please give full details. If you need more space, please continue on an extra piece of paper.

|  |  |
| --- | --- |
| Does your child suffer  from a medical condition? |  |

|  |  |
| --- | --- |
| Does your child suffer  from a food allergy? |  |
| Does your child take  any medication? |  |
| Does your child have  any special needs? (\*) |  |

(\*) This would include any physical, educational or emotional needs that will necessitate his/her requiring extra help.

**Photographs**

|  |  |
| --- | --- |
| Kaytana may be filmed or photographed to be used for promotional purposes.  Please tick this box **only if you do not want your child to be photographed**. If  you do not agree to this, we suggest that you additionally remind the leaders. |  |

**Registration and Payment**

|  |  |
| --- | --- |
| Please book my child in for week 1 or week 2 only at a cost of £150 per week | Week 1 only  Week 2 only |
| Please book my child in for both weeks at a cost of £285 | Both weeks |

Payment can be made by Cheque or Childcare Voucher.

|  |  |  |  |
| --- | --- | --- | --- |
| **Childcare Vouchers:** BES is registered with "Busy Bees", "Accor", "Care 4", "Fair Care", “Childcare Voucher Solutions” and "Imagine". Please write the details in the space below. If you are registered with another scheme, please also write the details in the space below. | | | |
| Scheme |  | Reference |  |

|  |
| --- |
| **Cheques:** Should be made payable to "United Synagogue" and attached to this form. They will only be banked once your child's place at Kaytana has been confirmed. This will be in the form of an E-Mail sent to the address you supply on the front of this application form. |

**Consent**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I  am the legal guardian of the above named child and I give my consent for him/her to attend “Borehamwood and Elstree Synagogue Kaytana Summer Scheme 2020”. I confirm that only someone I have authorised to the group leader may collect my child from the scheme. | | | | | |
| I give permission for my child to go on an outing (Group 3 only) | |  | I agree to medical attention being provided by a trained first-aider if necessary | |  |
| Signed |  | | Date | /       / | |

**Please complete and return this form together with payment to**

**BES Kaytana 2020, 7 Water End Close, Borehamwood, Herts, WD6 4PW**

**\*\* PLEASE NOTE NEW ADDRESS FOR COMPLETED FORMS TO BE SENT TO \*\***

**If you are delivering your forms by hand please park considerately to avoid inconveniencing local residents - the Police have recently been called to remove poorly parked cars**