



RSY-Netzer Day Camp



APPLICATION FORM

(1 per child)

PERSONAL DETAILS

Name:	
Date of Birth:	Male/Female:
School:	School Year:
Home Address:	Home Telephone:
Postcode:	

PARENT/GUARDIAN EMERGENCY CONTACT DETAILS

Name:	
Mobile number:	Work number:
Relationship to child:	Email address:

MEDICAL & WELFARE DETAILS

The information you provide will be kept in the strictest confidence. For your child's benefit, it is essential that even sensitive information is recorded. Please include all details which will enable us to support your child during this event

Doctor's Name:	Telephone Number:
Address:	

Does your child suffer from any reoccurring medical conditions or have any medical issues or allergies? If so, what are the symptoms, remedies and medication used. Please continue on a separate sheet if necessary.

Has your child experienced any difficulties at school, have any behavioural issues or have any special needs that we should be aware of? (e.g bullying, separation anxieties, homesickness, dyslexia etc)

Where did you hear about RSY-Netzer Day Camp?

Recommended by friend	<input type="checkbox"/>	
Received an email from RSY-Netzer	<input type="checkbox"/>	
Received a flyer at school	<input type="checkbox"/>	Name of school _____
Picked up a flyer from my synagogue	<input type="checkbox"/>	Name of synagogue _____
Other	<input type="checkbox"/>	Details _____

Please tick the times for which you would like to apply:

	FULL DAY (9.00AM-3.30PM)	EXTENDED DAY (3.30PM-5.00PM)
Monday 1 August		
Tuesday 2 August		
Wednesday 3 August		
Thursday 4 August		
Friday 5 August		N/A

PAYMENT DETAILS

Have you ticked the relevant boxes above and completed the medical section overleaf?

Full pre-payment is required. Please make your cheque payable to MRJ and return it to Alyson Joseph, RSY-Netzer, The Sternberg Centre, 80 East End Road, Finchley London N3 2SY

Please note that payment is non-refundable after 10 July 2011.

Prices & Timings	Full day (9.00am-3.30pm)	£20 per child per day
	Extended day (3.30pm-5.00pm)	£5 per child per day
	Entire week (9.00am-3.30pm daily)	£90

Payment by Cheque (payable to: MRJ or Movement for Reform Judaism)

I enclose a cheque for: £ _____

DECLARATION

I consent to my child attending this event. All the information supplied is, to the best of my knowledge, accurate and complete. I consent for my child to receive basic first aid whilst on the event. In the case of a medical emergency, I understand that every possible effort will be made to contact me but, should this not be possible or practical, I hereby authorise the doctor to sign the 'consent for operation' form for my child, should the need arise.

This information will be retained on the MRJ database.

If you do not want us to retain your information please tick the box

If you do not want your child's photo to appear on publicity please tick this box

Signed by Parent/Guardian: _____

Name: _____

Date: _____

Please return this completed Application Form (with your full payment making sure you have attached your cheque made payable to "MRJ") to Alyson Joseph, RSY-Netzer, The Sternberg Centre, 80 East End Road, Finchley, London N3 2SY

Upon application we will be in touch with you in order to confirm your place and details.