Mimi Dwek Hebrew School – Registration Form

Children's Details

Please complete all sections below. Fields marked (optional) may be left blank.

1. How many children are you registering?

○ 1 ○ 2 ○ 3 ○ 4

Child 1

Child's full name

Hebrew name (if known)

Date of birth

School currently attending

Current school year

Which days will this child attend?

○ Sunday ○ Tuesday ○ Both

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Children's Details (continued)

Only complete a Child section if you selected that many children in Q1.

Child 2

Child's full name

Hebrew name (if known)

Date of birth

School currently attending

Current school year

Days attending: ○ Sunday ○ Tuesday ○ Both

Child 3

Child's full name

Hebrew name (if known)

Date of birth

School currently attending

Current school year

Days attending: ○ Sunday ○ Tuesday ○ Both

Child 4

Child's full name

Hebrew name (if known)

Date of birth

School currently attending

Current school year

Days attending: ○ Sunday ○ Tuesday ○ Both

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Parent / Guardian Details

Mother's / Parent 1 name

Father's / Parent 2 name

Home address

Mother's / Parent 1 email

Father's / Parent 2 email

Mother's / Parent 1 mobile

Father's / Parent 2 mobile

Home telephone number (optional)

Parents / guardians are:

- ○ Married
- ○ Separated
- ○ Divorced
- ○ Other / Prefer not to say

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Medical & Educational Information

16. Does your child/children take any medication, have any allergies, special educational needs, medical conditions or other needs we should be aware of?

◯ Yes ◯ No

If yes, please give details:

17. Has your child/children previously attended a Jewish school, Hebrew School, Cheder or other Jewish education programme?

◯ Yes ◯ No

If yes, please give details:

18. Is there anything else it would be helpful for the Hebrew School team to know about your child/children?

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Background & Permissions

Background

19. How did you hear about the Mimi Dwek Hebrew School?

- ○ St John's Wood Synagogue
- ○ Friend/family
- ○ Current Hebrew School family
- ○ Website
- ○ Social media
- ○ Other

20. Are you members of St John's Wood Synagogue?

- ○ Yes
- ○ No

Permissions & Consent

22. Photography consent

I give permission for photographs of my child/children taken during Hebrew School activities to be used in St John's Wood Synagogue communications, including newsletters and community publicity.

- ○ Yes
- ○ No

23. Emergency medical consent

In the event of an emergency, if I cannot be contacted, I authorise the Hebrew School team to seek appropriate medical assistance for my child.

- ☐ Yes, I agree

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Emergency Contacts & Declaration

Primary Emergency Contact

24. Emergency contact name

25. Relationship to child

26. Emergency contact mobile number

Second Emergency Contact (optional)

Emergency contact name

Relationship to child

Emergency contact mobile number

Declaration

27. I confirm that the information provided on this form is accurate and that I will inform the Hebrew School of any relevant changes.

☐ Yes, I confirm

28. Parent/guardian full name

29. Signature

30. Date

IMPORTANT – Please read before submitting:

1. SAVE this PDF to your device first.

2. Check ALL details have been entered and saved correctly.

3. Then click the button below and ATTACH your saved form to the email.

Email Completed Form to Us