



# Cape Town Hebrew congregation

88 Hatfield Street Cape Town 8001 South Africa

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## Roots Program Registration Form

SURNAME: \_\_\_\_\_ FIRST NAME/S: \_\_\_\_\_  
 HEBREW NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ GRADE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOBILE NO. \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

MOBILE NO. \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### EMERGENCY CONTACT (OTHER THAN PARENTS)

NAME: \_\_\_\_\_

MOBILE NO. \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

### APPROVED BY RABBI FELDMAN

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### FEES

The fee payable for the course is R750 per child and can be paid to the Gardens Shul Bank Account, details below:

### BANK DETAILS

ACCOUNT:	CAPE TOWN HEBREW CONGREGATION
BANK:	FIRST NATIONAL BANK
BRANCH:	ADDERLEY STREET – 201409
ACCOUNT NUMBER:	50260014664

Please email proof of payment to [carmen@gardensshul.co.za](mailto:carmen@gardensshul.co.za) using your surname/FS2024 as a reference

