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LUBAVITCH CENTRE

Dare to Care

Lubavitch Centre
168 Shadwell Lane
Leeds LS17 8AD
Tel: 07875 320 344
Fax: (0113) 225 3738
Email:
education@judaismlive.com

Tammuz 5768
(July 2008)

Dear Parents,

I hope that you are well. We are delighted to confirm that the Dare to Care Programme will be going ahead this summer.

The programme will run for one week starting Monday July 14th until Friday July 18th.

We will meet every morning at the Lubavitch Centre at 168 Shadwell Lane, the boys will then head out to do community work, meet and interview prominent members of the community and on various trips, returning to the Centre at the end of the day.

Please find attached the following important items for your perusal:

- Programme of activities for Camp
- Consent Form

Please confirm that your son will be attending by email to education@judaismlive.com and then return the consent form to the Lubavitch Centre at your convenience, by Friday July 11th.

Your son will need to bring a packed lunch with him. Please ensure that he brings a milky or parev kosher lunch (i.e. not meat).

The cost of the programme is £65. If your son will not be able to attend for the whole week, please be in contact to arrange pro-rata payment.

If you would like any further information or advice, please do call me on 07875 320 344 or email education@judaismlive.com, and I hope to be able to assist you.

Looking forward to seeing your son on the 14th!

Best wishes,

Rabbi Eli Pink

Registered charity no. 227638
Trustee Corporation: Lubavitch (UK) Ltd
A Company limited by guarantee

Please note: It is the policy of Lubavitch that no child is refused admission for financial reasons. Please feel free to discuss this in full confidentiality with anyone from Lubavitch.

בסד

DARE TO CARE 2008

Consent Form

Please return **one form per child** who is attending the programme to:
Dare to Care, 168 Shadwell Lane, Leeds LS17 8AD.

Name of child:..... Age……..

❖ Health Information

Please give details of any special attention your son might require:

Health (allergies, illnesses etc.)
Diet (Vegetarian, etc.)
Behaviour (Hyperactive, shy etc.)
Administration of Medicine (ask for "Special Medical Needs" form)

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I give permission for the Dare to Care staff to administer First Aid if necessary.

Signed.....……..... Date...../...../.....
Parent/Guardian

❖ Swimming Consent

I give permission for my son to go swimming

Signed.....……..... Date...../...../.....
Parent/Guardian

Name (Please print).....

❖ Full Day Trip Consent

I give permission for my son to go on the Full Day Trip travelling with the Dare to Care transport.

Signed.....……..... Date...../...../.....
Parent/Guardian

☐ I enclose payment of £65 for the programme.

Name (Please print).....