

Nursery and Reception Certificate of Religious Practice (CRP) 2022/23

4 points are needed to fulfil the requirements of this CRP. There is no advantage in achieving more than 4 points.

NB. Depending on current government guidelines we recognise that the collection of signatures may be difficult. If you are unable to obtain signatures for any part of the form a letter confirming completion of the section should be obtained from the relevant person(s).

Child's surname	Child's first name(s)	
Date of birth	Child's Hebrew name	
Full postal address	Home telephone number	

Points can be obtained through sections 1-5 to allow for flexibility should government guidelines restrict the collecting of points in person. For Section 1, you must register with the synagogue you propose to attend, as well as completing this form. Registration can be made by email or online: see synagogue website.

You should send a completed copy of this form to the school to arrive no later than 15th January 2022.

If the form is not received in time, it may not be possible to treat the child as a religious practice priority applicant.

In order to obtain points in sections 1, 3, 4 and 5, the parent/guardian must complete this form and take, or send, it to the person(s) referred to in those sections. This form must be completed regardless of sibling status.

The school cannot consider a CRP which does not have the relevant declarations and it is the responsibility of the parent/guardian to approach the relevant person(s) to obtain a letter of confirmation if they are unable to have parts of the form signed.

The relevant person(s) may decline to sign this form where the parent/guardian or the child is not personally known to them and/or cannot vouch for the parent/guardian or the child.

SECTION 1 SYNAGOGUE ATTENDANCE. Between 17th April 2021 and 8th January 2022

Since 17th April 2021 how many times have you, the child's other parent/guardian, or the child attended Shabbat morning synagogue religious services?

Dates of Shabbat attendance need to be verified by the Rabbi or authorised official of each synagogue attended, either by completing the declaration below or by attaching a signed letter. You should refer to the relevant synagogue website for more details about service times and locations.

Please	tick	one	box	on	ly
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	At least 8 times (4 points)	☐ At least 4 times (2 points)	Less than 4 times (0 points)
ш	At least 6 tilles (4 boills)	At least 4 times (2 points)	Less than 4 times to points

Note: Families will not receive points for simply arriving on the premises.

Synagogues are empowered and are required to decline to record attendance on that basis.

Dates that are eligible for recording attendance at Shabbat morning synagogue services from April 17th2021

2021					
17 April	5 June	24 July	4 September	23 October	11 December
25 April	12 June	31 July	11 September	30 October	18 December
1 May	19 June	7 August	18 September	6 November	25 December
8 May	26 June	14 August	25 September	13 November	2022
15 May	3 July	21 August	2 October	20 November	1 January
22 May	10 July	28 August	9 October	27 November	8 January
29 May	17 July		16 October	4 December	
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Note: For late or in-year applications, arrangements for registering and recording attendance at Shabbat morning religious services should be made directly with your synagogue.



Declaration by Rabbi/Synagogue Official:

I confirm that to the best of	my knowledge and belief the informat	ion in Section 1 is correct	
Signature		Name and position of signatory	
Date		Address of signatory	
		1	
SECTION 2 - ONLINE SYN	NAGOGUE SERVICES. Between 17	th April 2021 and 8 th Janı	uary 2022
	the child's other parent/guardian, or th) or the eve of festivals? Online partici		
Please tick one box only	☐ At least 4 times (2 pts) ☐ Less	s than 4 times (0 pt)	
Please list the online attend	ances:		
Date:	Host organisation:	Officiant o	r leader
Date:	Host organisation:	Officiant or	r leader
Date:	Host organisation:	Officiant or	r leader
Date:	Host organisation:	Officiant or	r leader
education) on at least six oc Please tick one box	conly Yes (2 points)	□ No (0 points)	
If Yes please specify activ	vities (e.g. nursery) and frequency		
=	r/Teacher/Course Leader/tutor: my knowledge and belief the informat	ion in Section 3 is correct	
Signature		Name and position of signatory	
Date		Address of signatory	
Name of Course/ Institution/School etc		Postcode	
Note: A non-exhaustive list	of educational opportunities can be fo	und on the United Synagogu	e's website: <u>www.theus.org.uk</u>
SECTION 4. VOLUNTEER	ING. Between 1 st November 2019	9 and 15 th January 2022	
Have you or the child's othe on at least 12 occasions?	r parent/guardian participated in a volu	untary capacity in a Jewish co	ommunal, charitable or welfare activity
Please tick relevant bo	x	□ No (0 points)	
If Vac nlease specify n	ame of organisation and give a hrief de	escription:	

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Declaration by Jewish Communal/Charitable/We I confirm that to the best of my knowledge and be		4 is correct
Signature	Name and p	position of
Date	Address of s	signatory
Name and Address of Organisation	Postcode	
Notes : If these 12 occasions have included more the For example, a non-exhaustive list of some volunte	-	
SECTION 5: CRP JUDAISM ONLINE COURSE		
Course 1 from 5 th May / Course 2 from 16 th	h June / Course 3 from 24th	^h November
Foundation Body is the United Synagogue, for adm priority to these schools can choose to accumulate The course is open to all applicants and will consis practices, festivals, kashrut, etc. All of them need t November 2021.	mission in September 2022. Ap e the CRP in any way they wish it of 6 sessions of 30 minutes, o to be completed in order to sat w.tribeuk.com. Families for wl	n and this course would accrue 2 points. covering topics relevant to Jewish customs and itisfy this section. Courses will run in May, June and whom online access presents difficulties are asked to
Please tick relevant box	Yes (2 points)	lo (0 points)
Declaration by United Synagogue		
I confirm that the above named person took	part in the approved United Sy	ynagogue courses.
Signature	Name of course leader	
SECTION 6. PARENT'S/GUARDIAN'S DECLARATION	N	
I confirm that all the information provided is corre	ect	
Name (please print)		
Signed		Date
For School use only		
Date received		
Name (please print)		Parent/ Guardian
Total number of points	Child meets Practice Th	hreshold: VES / NO