

B"H



BAT - MITZVAH CLUB 5769 2008 - 2009

Dear Parents,

Welcome to the Aventura Chabad Bat-Mitzvah Club! We are so excited to begin this special journey in the life of your daughter! This year we look forward to offering a comprehensive program for girls in Grade 6 which includes Judaism, Mitzvah Projects, and specific classes that pertain to a Bat – Mitzvah girl.

We have a wonderful Bat-Mitzvah teacher, Mrs. Dina Dornbusch. Dina has many years of experience teaching Bat-Mitzvah girls and in her challenging and fun-spirited way makes the experience memorable and exciting.

The cost for the year is \$650 for non-members and \$550 for members. The Graduation Dinner at the end of the year, costs \$35 per guest.

There is an additional charge of \$350 for a special trip to NY where the girls experience a special Shabbat in the warm and vibrant Jewish community of Crown Heights, Brooklyn.

If you have any questions during the course of the year, please do not hesitate to call the office at (305) 933-0770. You can send email to chani@chabadfl.org.

Classes are held Tuesdays 5:30 – 7:00 p.m., beginning September 2, 2008.

Looking forward to a year of incredible growth!

Chani Forta
Program Director



A SAMPLING OF TOPICS THAT WILL BE COVERED

- 1- Relationships are a Two Way Street
- 2- Decisions, Decisions
- 3- A Tale of Two Souls
- 4- Our Bodies, Our Selves?!!
- 5- Shabbat: A Taste of the World to Come
- 6- A Treat for Body and Soul, Kashrut

PARSHA IN A NUTSHELL

The weekly Parsha will be reviewed each week so that the girls can share their thoughts at the Shabbat Table!

CHAGIM

Review of Jewish Holidays throughout the year!



MITZVAH PROJECTS for 2008-2009

September

Nursing Home, "Acts of Kindness to our Elders"

October

Sukkah Mobile

Shake Lulav & Etrog with fellow Jews in the area

November

JAFCO

Bring Cheer to Underprivileged Jewish Children

December

Chanukah Party for Special Needs Kids

January

Tu B'Shvat Project

Flower Arrangements and Visitation for patients in Aventura Hospital

February

Challah Baking & Mikvah Tour

March

Mishloach Manot Projects

April

Beauty and the Jewish Woman

May

Cooking Class

Preparing for Bat-Mitzvah Club Dinner!



AVENTURA CHABAD
 division of CHABAD HOUSE
 of north dade
Where Community becomes Family

REGISTRATION FORM

STUDENT'S INFORMATION

	<u>Student</u>
First & Last Name	
Hebrew Name	
Date of birth	
Time (am/pm approx.)	
School Attending (08-09)	
Girl's Cell Phone	
Girl's E-mail	

PARENT'S INFORMATION

<u>MOTHER</u>	<u>FATHER</u>
First & Last Name:	First & Last Name:
Address:	Address: (if different than mother's address)
Home ph #: () -	Home ph #: () -
Cell ph #: () -	Cell ph #: () -
Work ph #: () -	Work ph #: () -
E-mail: @	E-mail: @

Is mother Jewish? By Birth Converted - If converted, please specify Rabbinic Authorization:

**For conversion, please provide us with Certificate of Conversion and Marriage Ketubah.
 Please note: All Conversions must be accepted by the Orthodox Rabbinical Court, before child can be admitted to Aventura Chabad's Bat Mitzvah Club**

OTHER CHILDREN IN THE FAMILY

First & Last Name			
Hebrew Name			
Date of Birth			
Time (am/pm)			

Parent's Signature _____ Date ____ / ____ / _____



TUITION FORM			
PARENT'S NAME:			
BAT MITZVAH CLUB FEES			
	MEMBER	SOON TO BE MEMBER	
Tuition Fee	\$550	\$650	
Trip to NY	\$350	\$350	
BAT MITZVAH CLUB CHARGES (FOR OFFICE USE ONLY)			
CHARGES	MEMBER FEES	SOON TO BE MEMBER FEES	
Tuition Fee			
Trip to NY			
Total fee			
1ST PAYMENT (MUST BE PAID AT TIME OF APPLICATION)			
Total Paid: \$	Date paid:	Cash	Check #:
Credit Card #:		Exp Date:	
PAYMENT PLAN			
BY HEAD CHECKS			
DATE	CHECK NUMBER	AMOUNT	
2nd payment: 09/15/2008			
3rd payment: 10/15/2008			
4th payment: 11/15/2008			
BY CREDIT CARD			
CREDIT CARD #:		EXP DATE:	
DATE	AMOUNT		
2nd payment: 09/15/2008			
3rd payment: 10/15/2008			
4th payment: 11/15/2008			
I AUTHORIZE AVENTURA CHABAD TO CHARGE MY CREDIT CARD.			
SIGNATURE:			
TERMS OF AGREEMENT (PLEASE READ CAREFULLY! NO EXCEPTIONS!)			
<ol style="list-style-type: none"> 1. Payment in full is due upon submission of this application. 2. Payment for attendance at our Bat - Mitzvah Club is Non-Refundable. 			
Signature:	Print Name:	Date:	



AVENTURA CHABAD

division of CHABAD HOUSE

of north dade

Where Community becomes Family

EMERGENCY CONTACT AND MEDICAL INFORMATION FOR A CHILD

_____ Child's Name		_____ Date of Birth		M	F
				Sex	
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name			
()	()	()	()		
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone		
_____ Address		_____ Address			
_____ City, ST ZIP Code		_____ City, ST ZIP Code			

ALTERNATIVE EMERGENCY CONTACTS

_____ Primary Emergency Contact		_____ Secondary Emergency Contact	
()	()	()	()
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone
_____ Address		_____ Address	
_____ City, ST ZIP Code		_____ City, ST ZIP Code	

MEDICAL INFORMATION

Hospital/Clinic Preference

_____ Physician's Name	_____ Phone Number
_____ Insurance Company	_____ Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to go on field trips. I release Aventura Chabad and individuals from liability in case off accident during activities related to Aventura Chabad, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date