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AVENTURA CHABAD'S BAR MITZVAH CLUB

Dear Parents,

Welcome to the Aventura Chabad's Bar Mitzvah Club! We are so excited to begin this special journey in the life of your son! The Bar Mitzvah Club, run by Rabbi Yossi Srugo, is for boys in Grades 6 & 7.

The Bar Mitzvah Club offers a progressive preparatory program for the boys to learn and experience the special Mitzvot connected to a Bar Mitzvah, including Torah reading preparation, Tefillin, etc. Deep, thought-provoking discussions result from the many interesting topics. Hands-on activities help develop more personal involvement and enthusiasm in the many Jewish rituals.

The Bar Mitzvah Club meets weekly on Thursdays from 5:30 - 7:00 pm. In their first year, the boys meet in a club-like environment with all of the other boys to learn, bond, go on trips and enjoy special activities together. *During the second year, the boys receive private tutoring on their Torah portion, according to each boy's schedule.

The cost for the program is: \$1,500 for Members and \$1,750 for non-members.

If you have any questions during the course of the year, please do not hesitate to call us at (305) 933-0770.

Looking forward to a year of incredible growth!

Chani Forta
Program Director

*If for any reason, the boy is only here for one year, the price remains the same, but we will combine the Thursday Club and the private lessons into one year.



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

AVENTURA CHABAD'S BAR MITZVAH CLUB
 21001 Biscayne Blvd., Aventura, FL 33180 Phone (305) 933-0770 / Fax (305) 933-0165 www.chabadfl.org

REGISTRATION FORM

STUDENT'S INFORMATION

First & Last Name	
Hebrew Name	
Date of birth	
Time (am/pm approx.)	

BAR MITZVAH CELEBRATION

Planned Bar Mitzvah date	
Parsha	
*Location of Celebration	

***If you are using the facilities at Aventura Chabad, you must fill out the Hall Reservation Form**

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 Bar Mitzvah Club

OTHER CHILDREN IN THE FAMILY

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



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TUITION FORM

PARENT'S NAME:

BAR MITZVAH CLUB FEES

	MEMBER	SOON TO BE MEMBER
Tuition Fee	\$1500	\$1750

**BAR MITZVAH CLUB CHARGES
(FOR OFFICE USE ONLY)**

CHARGES	MEMBER FEES	SOON TO BE MEMBER FEES
Tuition 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: 09/15/2010		
3rd payment: 10/15/2010		
4th payment: 11/15/2010		
5th payment: 12/15/2010		

BY CREDIT CARD

CREDIT CARD #:	EXP DATE:
DATE	AMOUNT
2nd payment: 09/15/2010	
3rd payment: 10/15/2010	
4th payment: 11/15/2010	
5th payment: 12/15/2010	

**I AUTHORIZE AVENTURA CHABAD TO CHARGE MY CREDIT CARD.
SIGNATURE:**

TERMS OF AGREEMENT (PLEASE READ CAREFULLY! NO EXCEPTIONS!)

- 1. Payment in full is due upon submission of this application.**
- 2. Payment for attendance at our Bar- Mitzvah Club is Non-Refundable.**
- 3. Payment entitles Bar-Mitzvah boy to attend weekly Bar-Mitzvah Club on Thursdays.**
- 4. A private weekly lesson is also included. As per the teacher's discretion, each boy will increase his private lesson to twice weekly as his Bar-Mitzvah date draws near.**

Signature:	Print Name:	Date:
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AVENTURA CHABAD'S BAR MITZVAH CLUB

EMERGENCY CONTACT AND MEDICAL INFORMATION FOR A CHILD

Child's Name		Date of Birth		Child's Name		Date of Birth	
Mother's Name				Father's Name			
()		()		()		()	
Home Phone		Cell Phone		Home Phone		Cell Phone	
Address				Address			
City, ST ZIP Code				City, ST ZIP Code			

ALTERNATIVE EMERGENCY CONTACTS

Primary Contact (First Name, Last Name, Relationship)	Secondary Contact (First Name, Last Name, Relationship)
()	()
Home Phone	Home Phone
()	()
Cell Phone	Cell Phone
Address	
City, ST ZIP Code	

MEDICAL INFORMATION

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

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.

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

Parent's/Guardian's Signature	Date
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