



AVENTURA CHABAD HEBREW SCHOOL
"FIVEALIVE"
For Students in 5th Grade

Aventura Chabad's Hebrew School has classes for children in Grades: Kindergarten through Fifth Grade. The Fifth Graders have a special Club called FiveAlive which takes place once a week on Thursdays, from 5:30 – 7:00 PM.

From the time a child enters our Hebrew School in Kindergarten, he/she attends classes twice a week in a classroom setting. However, once the student enters Fifth Grade, he/she attends FiveAlive which has a "Club" setting, so that the child starts the transformation from child to Bar/Bat Mitzvah. During the year, the student experiences a higher level of Judaism, with their main subject, "LifeCycles", which explores the deeper meaning of the life of a Jew. This is an important tool as each boy/girl approaches their Bar/Bat Mitzvah. In Sixth Grade, the girls join our Bat Mitzvah Club and the boys, our Bar Mitzvah Club; a truly unique experience of its own!

Tefillah:

Daily and Shabbat Prayers will be taught, using Hebrew/Transliterated Prayer Books, so that the kids can master some prayers through song, aside from their Hebrew Level.

Hebrew:

Based on the martial arts motivational philosophy of color coded levels and testing, the Aleph Champ Program provides motivation and inspiration for Chabad Hebrew School students around the world. The Hebrew Alef-Bet as well as the vowels and word formations are divided into 10 colored levels. The students start out as "White Aleph Champs", working their way up the colors of the rainbow to be a "Black Aleph".

Jewish Life Cycles:

The students journey through the life of a Jew, starting from Birth, Baby Naming, Brit, Bar & Bat Mitzvah, Teenage Years, Marriage, Adulthood, Passing On and the Afterlife.

Speakers:

Speakers will enhance the children's experience by providing a hands-on learning environment. For example, a Mohel will speak to the students about Brit.

The Cost for the year is \$400 for Members and \$500 for Non-Members.

To Register your child, please contact the office at (305) 933-0770.



AVENTURA CHABAD'S FIVEALIVE

21001 Biscayne Blvd., Aventura, FL 33180 Phone (305) 933-0770 / Fax (305) 933-0165 www.chabadfl.org

REGISTRATION FORM

STUDENT'S INFORMATION

Student

First & Last Name

Hebrew Name

Date of birth

Time (am/pm approx.)

PARENT'S INFORMATION

MOTHER

FATHER

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 Fivealive

OTHER CHILDREN IN THE FAMILY

First & Last Name

Hebrew Name

Date of Birth

Time (am/pm)

EMERGENCY CONTACT (OTHER THAN PARENTS)

Name:

Phone #:

Relationship:

Parent's Signature _____ Date ____ / ____ / ____



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TUITION FORM

PARENT'S NAME:

FIVEALIVE CHARGES

	MEMBER	SOON TO BE MEMBER
Tuition Fee <Per Child>	\$400	\$500

FIVEALIVE 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		

BY CREDIT CARD

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

**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 Fivealive is Non-Refundable.

Signature:	Print Name:	Date:
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AVENTURA CHABAD

division of CHABAD HOUSE

of north dade

Where Community becomes Family

AVENTURA CHABAD'S FIVEALIVE

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		Cell Phone		Home Phone		Cell 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 _____

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 _____