



## Bat-Mitzvah Club 5771 2010 - 2011

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! 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. We also have Devora Leah Brusowankin who has been working with the girls for the last two years.

**The cost for the year is \$1,600 for non-members and \$1,500 for members. This covers the cost for the weekly classes & the Graduation Dinner with its associated costs, which include the following: Photography & Video for the evening, the Dress for each girl, the Decorations for the evening and the cost of the catered dinner.**

Each girl can invite a maximum of 12 Guests plus her and her parents for a total of 15 Guests. If for any reason, you need more than this amount, you will need to speak privately with Chani Forta, to work out the arrangements.

**Optional:** There is an additional charge of \$500 for the Trip to NY which takes place mid-year. The girls experience a special Shabbat in the warm and vibrant Jewish community of Crown Heights, Brooklyn along with the sights & sounds of New York City.

If you have any questions during the course of the year, please do not hesitate to call the office at (305) 933-0770 or you can send an email to [chani@chabadfl.org](mailto:chani@chabadfl.org) or [dinadorn@gmail.com](mailto:dinadorn@gmail.com)

Looking forward to a year of incredible growth!

Chani Forta  
Program Director  
Aventura Chabad



**AVENTURA CHABAD**

division of CHABAD HOUSE

of north dade

*Where Community becomes Family*

## **MITZVAH PROJECTS for 2010/2011**

### **1) Nursing Home; Acts of Kindness to our Elders**

Visit the elderly at a facility and sing for them and spend time with them.

### **2) Jewish Community Food Bank Donation**

Visit the Food Bank that helps Jewish families in our community with the basic necessities of food. Bring your own cans and boxes of food to donate.

### **3) Chanukah Party for Special Needs Kids**

Make a Chanukah party for children with special needs at the JCC, bring presents, sing for them, play Sevivon and light the Menorah.

### **4) Kosher Cooking Class with Alicia Ruben**

Become a chef in your own right and learn to make simple, yet delicious dishes with gourmet chef, Alicia. Invite your moms to partake of the feast afterwards.

### **5) Flower Arrangements for Patients in Hospital**

Visit the patients in Aventura Hospital and in honor of the Holiday of Tu B'Shvat make beautiful flower arrangements to deliver to them along with hand made cards.

### **6) JAFCO Mishloach Manot Project**

Bring a basket, toiletries and some goodies to fill a basket for a Jewish child that is in foster care. Help make Purim happy for another child that could use it!

### **7) Mini Spa with Helen Dana**

Beauty and the Jewish Woman go hand in hand. Learn why and experience your very own mini facial! Yummy!

### **8) Challah Baking Workshop with Vivian Perez**

This incredible workshop takes about 5 hours! But don't worry....you will definitely not be bored! Learn the reason behind the special Mitzvot of a Jewish woman and make your own Challah for Shabbat!

### **9) Mikvah Tour with Rebbetzin Zipora Brusowankin**

Learn about a Mikvah for women and receive a hands-on tour from our very own Rebbetzin!





AVENTURA CHABAD BAT MITZVAH CLUB			
21001 Biscayne Blvd., Aventura, FL 33180. Phone (305) 933-0770 / Fax (305) 933-0165 <a href="http://www.chabadfl.org">www.chabadfl.org</a>			
TUITION FORM			
PARENT'S NAME:			
BAT MITZVAH CLUB FEES			
	MEMBER	NON MEMBER	
Tuition Fee	\$1,500	\$1,600	
Trip to NY	\$500	\$500	
BAT MITZVAH CLUB CHARGES (FOR OFFICE USE ONLY)			
CHARGES	MEMBER FEES	NON 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: 09/15/2010			
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!)			
<ol style="list-style-type: none"> <li>1. Payment in full is due upon submission of this application.</li> <li>2. Payment for attendance at our Bat-Mitzvah Club is Non-Refundable, for any reason!!</li> </ol>			
Signature:	Print Name:	Date:	



**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
-------------------------------	------

