



**Bat - Mitzvah Club 5780
2019 - 2020**

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. The club meets weekly on Tuesdays, from 4:30- 6:00pm.

The cost for the year is \$2,250 for non-members and \$2,000 for members. This covers the cost for the weekly classes & the Graduation Dinner with its associated costs, which include the following: Photography for the evening, the Dress for each girl, the Decorations for the evening and the cost of the catered dinner for 10 people. Once payments are made, there are No Refunds at all. If you pull your daughter out of the Club by June 2019, you are responsible for 50% of the tuition. By July all payments must be honored in full.

For every guest over the 10 people included in the cost of BMC, there will be a charge of \$60 per guest of any age.

Each girl can invite a maximum of 12 Guests plus her and her parents for a total of 15 Guests.

Optional: There is an additional charge of \$750 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

Looking forward to a year of incredible growth!

Chani Forta
Program Director



MITZVAH PROJECTS for 2019 - 2020

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

Become a chef in your own right and learn to make simple, yet delicious dishes with a gourmet chef. 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) 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!

8) Mikvah Tour with Rebbetzin Zipora Brusowankin

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

B”H

AVENTURA CHABAD’S BAT 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.)	
School Attending (2018)	
Girl's Cell Phone	
Girl's E-mail	
PLEASE ADD YOUR DAUGHTER'S FRIEND (S) REQUEST	

PARENT’S INFORMATION

Mothers' First & Last Name: _____

Father's First & Last Name: _____

Home Address: _____

Father's Home Address (If different than mother's address): _____

Home Phone #: _____

Mother's Cell: _____ Father's Cell: _____

Mother's Work Ph# : _____ Father's Work Ph# : _____

Mother's Email: _____ Father's Email: _____

Parent's Status: Married Widowed Divorced Separated

Is Mother Jewish by Birth Converted

If converted, please specify Rabbinic Authorization: _____

Is Maternal Grandmother 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 (am/pm)			

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TUITION FORM

PARENT'S NAME:

BAT MITZVAH CLUB FEES

	MEMBER	NON MEMBER
Tuition Fee	\$2,000	\$2,250
Trip to NY	\$750	\$750

PAYMENT PLAN

1ST PAYMENT

(MEMBERS: \$400, NON MEMBERS: \$450 MUST BE PAID AT TIME OF APPLICATION)

Please indicate which payment plan would you like:

- One Payment
- Two Installments
- 5 Monthly Installments (Sept- Jan)

Are you including the trip to NY in your payments?

- Yes
- No

Form of payment:

- Check
- Credit Card

For installment payments, we will charge your credit card on the 15th of the month.

Credit Card Info (Visa, Mastercard & Amex):

Card #: _____

Expiration date (MM/YY): _____ CVV Code: _____

I AUTHORIZE AVENTURA CHABAD TO CHARGE MY CREDIT CARD.

SIGNATURE: _____

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

1. Payment in full is due with application, including all head checks or credit cards. _____ (INITIAL)
2. Payment is Non-Refundable, for any reason, even if your daughter does not attend. _____ (INITIAL)

SIGNATURE:

PRINT NAME:

DATE:



EMERGENCY CONTACT AND MEDICAL INFORMATION FOR A CHILD

M F
Sex

Child's Name _____		Date of Birth _____	
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 _____