



## **HEBREW SCHOOL "FIVEALIVE" 2015 - 2016** **For Students in 5<sup>th</sup> 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!*

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### **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.

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

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

Sincerely,  
Chani Forta  
Program Director

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## AVENTURA CHABAD'S FIVEALIVE

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

### REGISTRATION FORM

#### STUDENT'S INFORMATION

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

#### PARENT'S INFORMATION

<u>MOTHER</u>	<u>FATHER</u>
First & Last Name:	First & Last Name:
Maiden Name:	Address: (if different than mother's address)
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: \_\_\_\_\_

Maternal Grandmother's Maiden Name:

Maternal Grandmother's Hebrew Name:

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 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:	/
Billing address:		CVS:	

### PAYMENT PLAN

#### BY HEAD CHECKS

DATE	CHECK NUMBER	AMOUNT
2 <sup>nd</sup> payment: 09/15/2015		
3 <sup>rd</sup> payment: 10/15/2015		
4 <sup>th</sup> payment: 11/15/2015		

#### BY CREDIT CARD

CREDIT CARD #:	EXP DATE:
DATE	AMOUNT
2 <sup>nd</sup> payment: 09/15/2015	
3 <sup>rd</sup> payment: 10/15/2015	
4 <sup>th</sup> payment: 11/15/2015	

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'S FIVEALIVE**  
**EMERGENCY CONTACT AND MEDICAL INFORMATION FOR A CHILD**

Child's Name	Date of Birth	Child's Name	Date of Birth
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
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