

## AVENTURA CHABAD'S BAR MITZVAH PRIVATE CLASSES

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.) |  |

#### 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:                            |
| Maiden 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: \_\_\_\_\_

Maternal Grandmother's Maiden Name:

Maternal Grandmother's Hebrew Name:

Is **Maternal Grandmother** 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     |  |  |  |
| Aprox. Time       |  |  |  |

B"H

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### TUITION FORM

PARENT'S NAME:

#### BAR MITZVAH PRIVATE CLASSES FEES

30 Private Classes

Tuition Fee

\$1500

#### PRIVATE CLASSES CHARGES (FOR OFFICE USE ONLY)

CHARGES

#### 1ST PAYMENT (MUST BE PAID AT TIME OF APPLICATION)

Total Paid: \$

Date paid:

Cash

Check #:

Credit Card #:

Exp Date:

/

Cvs:

Billing Address:

#### PAYMENT PLAN

##### BY HEAD CHECKS

| DATE              | CHECK NUMBER | AMOUNT |
|-------------------|--------------|--------|
| 2nd payment: /15/ |              |        |
| 3rd payment: /15/ |              |        |
| 4th payment: /15/ |              |        |
| 5th payment: /15/ |              |        |

##### BY CREDIT CARD

CREDIT CARD #:

EXP DATE:

| DATE              | AMOUNT |
|-------------------|--------|
| 2nd payment: /15/ |        |
| 3rd payment: /15/ |        |
| 4th payment: /15/ |        |
| 5th payment: /15/ |        |

**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 Bar- Mitzvah Private Classes is Non-Refundable.
3. Payment entitles Bar-Mitzvah boy to attend Private Bar-Mitzvah Classes.
4. If class is not cancelled 24 hours in advance it will count as 1 class taken.
5. All Changes of schedule/Cancellations must be made through the office, not through the Rabbi/Teacher.

Signature:

Print Name:

Date:



**AVENTURA CHABAD'S BAR MITZVAH PRIVATE CLASSES**

**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 _____ |
|-------------------------------------|------------|