

# Bat - Mitzvah Club 5777 2016 - 2017

### 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.

The cost for the year is \$2,000 for non-members and \$1,800 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 <u>for 10 people.</u>

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. If for any reason, you need more than this amount, please make private arrangements with Chani Forta.

**Optional:** There is an additional charge of \$650 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 <u>chani@chabadfl.org</u> or <u>dinadorn@gmail.com</u>

Looking forward to a year of incredible growth!

Chani Forta Program Director



# MITZVAH PROJECTS for 2016 - 2017

# 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) 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!

В"Н 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 (2015)												
Girl's Cell Phone												
Girl's E-mail												
	PARENT'S I	NFORMATION										
	MOTHER	FATHER										
First & Last Name:												
Maiden 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 <u>Mother</u> Jewish? If converted, please sp	y Birth 🛛 Converted ecify Rabbinic Authorizatio	n:										
Maternal Grandmothe	r's Maiden Name:											
Maternal Grandmother's Hebrew Name:												
ls <u>Maternal Grandmoth</u> If converted, please sp	<u>er</u> Jewish? □ By Birth ecify Rabbinic Authorizatio	Converted n:										
	s with Certificate of Conversion and Ma t be accepted by the Orthodox Rabbi	arriage Ketubah. inical Court, before child can be admitted to Aventura Chabad's Bat										
OTHER CHILDREN IN THE FAMILY												
First & Last Name												
Hebrew Name												
Date of Birth												
Time (am/pm)												
Parent's Signature Date /												

AVENTURA CHABAD'S BAT MITZVAH CLUB

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	TUITION FOR	RW				
PARENT'S NAME:						
	BAT MITZVAH CLU	B FEES				
	MEMBER	NON	IMEMBER			
Tuition Fee	\$1,800	\$2,000				
Trip to NY	\$650		\$650			
	BAT MITZVAH CLUB C (FOR OFFICE USE (					
CHARGES	MEMBER FEES	NON M	EMBER FEES			
Tuition Fee						
Trip to NY						
Total fee						
(MEMBERS: \$360, NO	1ST PAYMEN MEMBERS: \$400 MUST E		OF APPLICATION)			
Total Paid: \$	Date paid:	Cash	Check #:			
Credit Card #:	·	Exp Date:	CVS:			
Billing Address:			·			
	PAYMENT PL	AN				
	BY HEAD CHEC	KS				
DATE	CHECK NUMBER	A	MOUNT			
2 <sup>nd</sup> payment: 09/15/2016						
3 <sup>rd</sup> payment: 10/15/2016						
4 <sup>th</sup> payment: 11/15/2016						
5 <sup>th</sup> payment: 12/15/2016						
	BY CREDIT CAP	RD				
CREDIT CARD #:		EXP DATE:				
Billing Address:						
DATE		AMC	DUNT			
2 <sup>nd</sup> payment: 0 <sup>d</sup>	9/15/2016					
3 <sup>rd</sup> payment: 10	)/15/2016					
4 <sup>th</sup> payment: 11	1/15/2016					
5 <sup>th</sup> payment: 12	2/15/2016					
I AUTHORIZE AVENTURA C SIGNATURE:	HABAD TO CHARGE MY C	REDIT CARD.				
TERMS OF AGREEMENT (PLEASE READ CAREFULLY! NO EXCEPTIONS!)						
1. Payment in full	is due with application, in -Refundable, for any rease	cluding all head cl	hecks or credit cards.			
Signature:	Print Name:		Date:			

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EMERGENCY CONTACT AND MEDICAL INFORMATION FOR A CH
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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	
AL1	TERNATIVE 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		
	ratory, anesthesia, and other medical and/or hospital procedures as ma for my child and waive my right to informed consent of treatment. This 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 a to Aventura Chabad, as long as normal safety procedures h	Aventura Chabad and individuals from liability in case off accident duri have been taken.	ng activities related
Parent's/Guardian's Signature	Date	
21001 BISCAYNE BOULEVARD AVENTURA FL 33180	) TEL: (305) 933-0770 FAX: (305) 933-0165 www.c	:habadfl.org