

BAR MITZVAH PROGRAM 2024

Application Form



Please download this editable form and email to admin@caulfieldshule.com.au

***Required**

Bar Mitzvah Boy's Details	
Full name*	
Hebrew name*	
Date of birth*	
Hebrew DOB	
Address*	
Suburb & Postcode*	
Email Address	
School*	
Year level*	

Parents' Details		
	Mother's Details	Father's Details
Full name*		
Address*		
Suburb & Postcode*		
Home number*		
Mobile number*		
Work number		
Email address*		
Jewish Status*	<input type="radio"/> from birth <input type="radio"/> converted	<input type="radio"/> from birth <input type="radio"/> converted
Marital Status*		

Program Fees	
Members \$750	Non CHC Member \$1,000
Additional Costs TBA	

Intended Program Dates
Sundays 4:30 – 5:30pm
Commences 11 February 2024
Dinner provided

Declaration

- ☐ In the event of illness or injury to my child whilst attending the CHC Bar-mitzvah Program 2024, I hereby authorise the staff member in charge of my child to consent to emergency medical arrangements on my behalf as deemed necessary.
- ☐ I hereby give permission for my child to attend excursions organised as part of the CHC Bar-mitzvah Program 2024.
- ☐ I hereby give permission for my child's photographs/videos to be used for publicity & promotion of the program.
- ☐ I certify that all the above is true and correct and agree to the CHC Bar-Mitzvah program's terms and conditions.

Signature of parent _____ Date _____