

Bnei Mitzvah Application Form

Barmitzvah

Batmitzvah

English Date of Simcha: _____ Hebrew Date of Simcha: _____

Parasha of Simcha: _____ Date of application: _____

Bnei Mitzvah Program

We are delighted that you and your family will be celebrating your Bar Mitzvah with us.

Our barmitzvah program runs weekly for 6 months between March and September (not during school holidays). The program includes learning about the meaning of a bar/bat mitzvah, Judaism, Community and developing a connection to the Shule. The program is fun, educational and the children come out with a great new set of friends. Our program does not include teaching the Maftir and Haftarah (please contact our office if you require details of a teacher).

It is expected that all boys attend the program. Should your child be unable to attend the program due to a clash, it is expected that you meet with Rabbi Genende and then with the assistance of the Program Director a schedule of some of the more relevant sessions for your child are to be attended. Please note that regardless of attendance the Bar Mitzvah program fee applies.

Bar Mitzvah Cost

A fee applies and will be invoiced prior to the commencement of the program. Up to date prices are available on our website and may change at any time until the payment of the fee in full.

Kiddush on day of event

It is a requirement for any Simcha family to provide a Kiddush, available to our regular congregants, after their call-up.

The Kiddush must accommodate 120 of our regular congregants on a Shabbat morning and 40 regulars for a sit down Seudah Shlishit. Your guests are not included in these numbers and you will need to account for them.

A minimum spend of \$10 per head for any Kiddush is required.

Written confirmation is required two weeks before any Kiddush by the caterer of total numbers catered for (family, guests and congregation).

Should the family choose not to host a Kiddush for the Shule Congregation and leave after the service a Simcha Booking Fee will apply (see current price list). The Shule will organise the Kiddush. An announcement will be made at the conclusion of the service that the Kiddush is only for our regular congregants.

Acknowledgement

- Any known allergies: _____
- In the event of illness or injury to my child whilst attending the Caulfield Shule Bnei-mitzvah Program, 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 Caulfield Shule Bnei-mitzvah Program.
- 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 Caulfield Shule Bnei-Mitzvah program's terms and conditions

Name of person completing this form: _____

Signature: _____

Date: _____

Please note this application will not be considered as a firm booking until it is approved by the rabbi and you will be notified accordingly.

Child's Details	
Surname:	Preferred Name:
Given Name: <input type="checkbox"/> Birth Certificate Attached	Hebrew Name: (eg Yaacov ben Shmuel HaLevi)
Date of Birth:	Time: Before/After sunset
Hebrew Date:	Place of Birth: (Town & Country) Birth Status: <input type="checkbox"/> Natural Child <input type="checkbox"/> Adopted <input type="checkbox"/> IVF <input type="checkbox"/> Surrogacy Date of adoption: (if applicable)
Tribe: <input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite	School:
Child lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> other	Bar/Bat Mitzvah teacher's name:

Parent's Details	
Father: Full Name	Mother: Full Name
Hebrew Name: (eg Yaacov ben Shmuel HaLevi)	Hebrew Name: (eg Rivka bat Shmuel HaLevi)
Tribe: <input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite	Mother's Maiden Name:
Born Jewish: <input type="checkbox"/> Yes <input type="checkbox"/> No CHC member <input type="checkbox"/>	Born Jewish: <input type="checkbox"/> Yes <input type="checkbox"/> No CHC member <input type="checkbox"/>
Address:	Address:
Suburb: Postcode:	Suburb: Postcode:
Ph (H): Mob:	Ph (H): Mob:
Ph (W) Fax:	Ph (W) Fax:
Email:	Email:

Current Marital Status: Married Divorced Father remarried/partnered Mother remarried/partnered

Billers details:	
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____ Mob: _____	
Email: _____	

Other Children:		
Full Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	D.O.B
Full Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	D.O.B
Full Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	D.O.B
Full Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	D.O.B

Please enclose photocopies of:
 Child's Birth Certificate Parent's Ketubah

APPROVED BY RABBI: _____ **DATE:** _____

Confirmation Email Sent: _____