



Bnei Mitzvah Application Form

Barmitzvah

Batmitzvah

English Date: _____ Hebrew Date: _____

Parasha: _____ Date of Application: _____

Bnei Mitzvah Program

We wish you and your family well on this wonderful journey into adulthood and are happy to guide you along the process. The Bnei mitzvah program consists of 1 weekly lesson held at Caulfield Shule for a whole year led by our dynamic youth director, coinciding with the school term dates. 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. It does not included teaching the Maftir and Haftarah.

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	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)
Hebrew Date:	School:
Tribe: <input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite	Bar/Bat Mitzvah teacher's name:
Child lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> other	

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: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Father remarried/partnered <input type="checkbox"/> 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:** _____



CAULFIELD
SHULE

CONNECTING OUR COMMUNITY

Price for Bnei Mitzvah Program

Up to date prices are available on the Caulfield Shule Price list (attached). Please complete the application form and return to the Caulfield Shule office. The Bnei mitzvah fees will be invoiced 6 months prior to the commencement of the program.

Kiddush on day of event

It is the custom of the shule to provide a Kiddush for congregants every week. The understanding is that a call-up is a public event and that a joy shared is a joy increased. A Kiddush is one of the best ways Jews show their identification with the host shule and make the event more than just a personal ceremonial occasion. The purpose of this is to encourage ba'alei simcha to share their joy with the community through a Kiddush.

Are you having a Kiddush in the Sukiert Hall?

Yes No

Is the function open to the congregation?

Yes No

If you are not hosting a kiddush for the congregants on the occasion of your simcha, then a contribution toward the shule kiddush is required. This Kiddush will be for the congregants only and does not include catering for additional simchests. Please see attached price list.

Acknowledgement

- Any 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.

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