



Child Name: \_\_\_\_\_

**"Brit" (Covenant) of Understanding**

Dear Parents,

Mazel Tov! Your child has begun to embark on an exciting journey to Bar/Bat Mitzvah! We hope this process will be a positive one for all of you. Please know we are always here to attend to any matters or concerns you may have.

Teamwork is the key to our success. The preparation process is a team effort between the tutor, and you, the parents. We need your support in making sure your child completes his/her assignments and comes to their appointments in a timely and prepared fashion.

Your B'nei Mitzvah fee includes 20 - one hour private sessions. Assuming your child completes his/her home study assignments, this will be adequate. However, should your child require more than 20 lessons, you will be responsible for paying the overage at the current hourly tutorial rate. Should your child be unable to make his/her tutoring session, please notify your tutor in a timely manner. Any cancellations within 24 hours of the appointment time will be counted as one of the 20 lessons.

Please provide your credit card information below for any overage charges. Complete the information, sign and scan this document and send it to Scott Wenders (scott@tbsmb.org). Please know that your credit card information is going to be secured in our files with the Accounting Department and will be used only for the purpose of B'nei Mitzvah tutoring overages.

I have read the above information and I understand the policies of the Temple Beth Shalom B'nei Mitzvah Program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Thank you very much for your assistance. With your cooperation, you and your child will be very proud on his or her special day.

Sincerely,

Mark Flaxer  
Executive Director & COO

Cantor Lisa V. Segal

B'nei Mitzvah Credit Card Authorization – Accounting Department Usage

Parent Name: \_\_\_\_\_ Child name: \_\_\_\_\_

I authorize Temple Beth Shalom to bill my Visa/Amex/Master card # \_\_\_\_\_

Exp. \_\_\_\_\_ Name on the Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_