

B'NAI MITZVAH PROGRAM APPLICATION FORM – 5780 / 2019-2020

Participant's Name: _____ DATE: _____

Date of Birth: _____ Grade as of September 2018: _____
Month Day Year

PARENT INFORMATION

Father

Mother

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ Prov: _____ PC: _____

City: _____ Prov: _____ PC: _____

Email address: _____

Email address: _____

Telephone (Home): _____

Telephone (Home): _____

(Cell): _____ (Work): _____

(Cell): _____ (Work): _____

Marital Status: Married Separated

Marital Status: Married Separated

Divorced Remarried

Divorced Remarried

Member of Beth David

Member of Beth David

Member of other Synagogue Unaffiliated

Member of other Synagogue Unaffiliated

Please list: _____

Please list: _____

Where does program participant currently attend school: _____

Dietary issues /allergies: _____

Learning or behaviour issues: _____

Previous or current Experience in Jewish Learning: _____

May we take and use your child(ren)'s photo? Yes No

When is the participant's Bar/Bat Mitzvah Celebration scheduled? _____

Where is the religious component of their Bar/Bat Mitzvah taking place? _____

Who is teaching the participant their Bar/Bat Mitzvah Portion? _____

PAYMENT: Member: \$60.00 Non-Member having their Bar/Bat Mitzvah at Beth David: \$90.00
Community Member Participant \$150.00

Form of Payment: Visa MasterCard Cheque (payable to Beth David Synagogue)

Card #: _____ - _____ - _____ - _____ Expiry Date: _____

Name on Card: _____ Signature: _____