

BAT MITZVAH PROGRAM 2018

Application Form



CAULFIELD
SHULE

CONNECTING OUR COMMUNITY

*Required

Bat Mitzvah Girl'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*		

Payment	
Shule member *	<input type="radio"/> Members \$670 <input type="radio"/> Non shule member \$790
Credit card details	Visa / Mastercard
Credit card Number	Expiry date CCV

Declaration

- In the event of illness or injury to my child whilst attending the CHC Bat-mitzvah Program 2018, 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 Bat-mitzvah Program 2018.
- 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 Bat-Mitzvah program's terms and conditions.

Signature of parent _____ Date _____