

# Central Shule Bar Mitzvah Program

Application Form 2024

## BAR MITZVAH BOY'S INFORMATION

First Name

Last Name

Name child likes to be called (e.g. Thomas: Tommy/Tom):

Hebrew Name

Date of Birth (dd/mm/yyyy)

Time of birth (before / after sunset)

Hebrew Date of Birth (if known)

Home Address

School

Year level

Any allergies or intolerances we should know about?

## **PARENTS INFORMATION:**

Marriage - Shule and Rabbi

Marital Status

**Mother's name**

**Father's name**

Address

Address

Mobile Number

Mobile Number

Email

Email

Jewish status of child's natural  
mother

Jewish status of child's natural  
father

## **EMERGENCY CONTACT:**

Name

Relationship to child

Mobile

## **PROGRAM FEES:**

Central Shule Member \$300

Non-Member \$450

Please note, there may be additional charges for extended programming, including a Shabbat dinner etc.

## **DECLARATION:**

In the event of illness or injury to my child whilst attending the Central Shule Bar Mitzvah Program, I give permission for a Central Shule staff member to seek and/or administer emergency medical attention on my behalf as deemed necessary.

I give permission for my child to attend excursions organised as part of the Central Shule Bar Mitzvah Program.

I give permission for my child's photographs/videos to be used for Central Shule publicity and promotion of the Bar Mitzvah program.

Sign below

Date