

Central Shule Bat Mitzvah Program

Roots & Wings Application Form 2025

BAT MITZVAH GIRL'S INFORMATION

First Name

Last Name

Name child likes to be called (e.g. Elizabeth: Lizzy / Liz):

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?

Birth status

Adoption, IVF and surrogacy can be important factors in determining Halachic Jewish status for now and for future generations. Matters of delicate nature may be discussed in confidence with Rabbi Shmuel on 0433 676 300.

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 \$650

Non-Member \$750

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 Bat 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 Bat Mitzvah Program.

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

Signed

Date