

Dear Parents,

*Your daughter's Bat Mitzvah is approaching and the celebration of a Bat Mitzvah is one of the highlights and great milestones in the life of a young Jewish woman.*

*The most valuable aspect of the Bat Mitzvah Celebration is the impact and long term effects this experience will have on your daughter's identity as a Jewish woman. Your daughter's Bat Mitzvah is the bright beginning of a vibrant Jewish life.*

*It is for this reason that we have formed the Bat Mitzvah Class. Regardless of when your daughter's Bat Mitzvah will take place, the class is a great way to learn, enjoy, and meet other Bat Mitzvah girls.*

*The program specializes in life-long lessons of caring and sharing, in a fun filled way. Our Bat Mitzvah girls will explore ways in which they could contribute to society, by bringing joy to homebound Senior Citizens and hospitalized children. At the same time they will explore the world of a Jewish woman through various workshops, crafts, and activities. Some highlights include, Kreative Kosher Workshop, Hora Dancing, Scrapbooking, Jewelry Crafting, and more.*

*As students of Chabad Hebrew School, our Bat Mitzvah Girls will be invited to join all Holiday Programs taking place at Chabad Hebrew School throughout the year.*

*Looking forward to another wonderful year with our Bat Mitzvah Class.*

*Sincerely,  
Devorah L. Kosofsky*

**Chabad Hebrew School**

Rabbi Perl  
261 Willis Avenue  
1260 Meadowbrook Rd  
516-739-3636  
ncfjchabad@gmail.com

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# Bat Mitzvah Club

*A specialized program for the 7th grade girls of Chabad Hebrew School 2009-10.*



**STUDENT INFORMATION**

Family Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Hebrew Name (if known): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name of School Attending: \_\_\_\_\_  
 Is the natural mother of the child Jewish? \_\_\_\_\_  
 Were there any conversions or adoptions in the child's family? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 Email: \_\_\_\_\_

**FAMILY INFORMATION**

Father's Name: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_

**MEDICAL INFORMATION**

Emergency Contact Person: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Family physician: \_\_\_\_\_  
 Phone: \_\_\_\_\_

*I hereby consent to the administration of Chabad Hebrew School to take whatever medical measures they deem necessary for my child, in the event of a medical emergency.*

Signature of parent/legal guardian: \_\_\_\_\_

**TUITION AGREEMENT**

Tuition for the Bat Mitzvah Class is \$400 per child. Full payment must be submitted to the administration office before any child will be permitted to attend classes. School registration and tuition is non-refundable.

*I agree to pay the full tuition of \$400 per child. Enclosed is a check made payable to NCFJE for the full amount.*

Signature of parent/legal guardian: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail this form along with your check to  
 261 Willis Avenue, Minneola, NY 11501.