MACHON BAT-MITZVAH ENROLMENT FORM ◆ 2011/12

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Note: Places are limited. To ensure your child's place, please return this form with a $100 non-refundable enrolment fee as soon as possible. Thank you.

BATMITVAH GIRL'S PERSONAL DETAILS			
Family name			
Given name		Hebrew name	
Date of birth	/ /19	Hebrew D.O.B.	
Address			
Suburb		Postcode	
Name of school		Year Level	
Hebrew Reading	○ Beginner ○ Medium ○ Advanced ○ Other:		
Which class?	○ Either ○ 1st Class (Tuesdays 4-5pm)* ○ 2nd Class (Tuesdays 5:15-6:15pm)*		

** Note: Class times are subject to change and place availability is to be confirmed.*

PARENTS DETAILS			
FATHER'S DETAILS		*MOTHER'S DETAILS*	
Family name		Family name	
Given name		Given name	
Phone (home)		Phone (home)	
Address		Address	
Phone (work)		Phone (work)	
Mobile		Mobile	
Fax		Fax	
Main language		Main language	
Jewish Status	○ from birth ○ converted	Jewish Status	○ from birth ○ converted
Marital Status		Rabbi officiating	
Family email	*All correspondence by email only*		
Friends (optional)	*2 friends you would like to have in your group (TBC):*		

To secure your place, please enclose a $100 non-refundable enrolment fee

○ **Cash** ○ **Cheque** payable to *Lamdeni* ○ **Credit Card**

Visa / MasterCard ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___

Expiry ___ ___ /___ ___ Cardholder's Signature _____

DECLARATION *(read carefully)*

ACCIDENT: In the event of illness or injury to my child whilst attending Lamdeni's Machon Batmitzvah: I Authorize the principal or staff members in charge of my child, where it is impracticable to communicate with me, to consent to emergency medical arrangements on my behalf as are deemed necessary by a qualified medical practitioner.
EXCURSION: I give permission for my child to attend the excursions organized as part of the Machon Batmitzvah program.
Privacy: I give permission for my child's photographs/videos to be used in newsletters, Jewish News or for promotion of the program.
Payment: I fully understand that this enrolment is accepted only on the basis of the full year program including the Batmitzvah Shabbaton and Ceremony, and agree to pay the full annual fees accordingly. I authorise Lamdeni to charge my credit card accordingly.

I certify that all the above is true and correct and agree to the program's terms and conditions

Signature of Parent	Date