



Emanuel Synagogue Bnei Mitzvah Program Registration Form

Student Details

Surname: First Name:

Gender: Date of Birth: / /

Date of Upcoming Bar/Bat Mitzvah: / /

Hebrew Name: v'
Your Hebrew Name Ben/Bat Father's Hebrew First Name Mother's Hebrew First Name

Primary School: High School:

Current Year Level:

Parent Details

Parent 1

Full Name:

Email:

Mobile:

Address:

Suburb: Postcode:

Hebrew Name:
ben/bat

Parent 2

Full Name:

Email:

Mobile:

Address:

Suburb: Postcode:

Hebrew Name:
ben/bat

Emergency Contact Information

Contact Information

Full Name: **Mobile:**
Email: **Relationship to Child:**
Address: **Suburb:** **Postcode:**

Emergency Medical Care (parents will be notified immediately in the event of any emergency involving their child)

Family Medicare No **Private Health Fund** **Membership No**

Name of Family Physician **Telephone**

Address: **Suburb:** **Postcode:**

Is your child on regular medication? Yes No **If yes, which:**

Does your child suffer from any allergies?

Does your child have any special medical conditions?

In the event of an emergency involving my child I give my consent for Emanuel Synagogue Hebrew and Religion School to seek and administer the appropriate medical care at my expense, with the understanding that I will be notified as soon as possible of any such incident.

Name: **Signature:** **Date:** / /

Permissions

Photos

I give permission for my child's photos or student work, including my child/children's names, to be used in communications about the Emanuel Synagogue Hebrew & Religion School. This may include publicity in Emanuel Synagogue newsletters, the Australian Jewish News, the Emanuel Synagogue website and other similar publications.

Yes No

Withdrawal of a Student from the School

Parents must notify the school if their child is withdrawn from the Hebrew & Religion School for any reason at any time. In the event of my child leaving the Hebrew & Religion School I agree to notify the Head of youth Education, by email or in writing, prior to the commencement of the next term.

Yes No

Release & Indemnity

I agree that neither Emanuel Synagogue, Emanuel Synagogue Hebrew and Religion School, nor the Board of Progressive Jewish Education (BPJE) will be responsible for any injury or loss which my child may suffer while attending the school. I accordingly hereby release Emanuel Synagogue, Emanuel Synagogue Hebrew and Religion School and BPJE, as well as any of its officers, staff (both administrative and non-administrative) from any liability for any such injury or loss and indemnify each of them against all actions, claims or proceedings which may be brought against all or any of them by reason thereof.

Yes No

Acknowledgement of above three sections

Name: Signature: Date: / /

Payment Form

The Emanuel Synagogue commits itself to provide a quality education and social experience for all children and their families. Our synagogue requirements encompass participation in formal classroom learning and family education experience. A two year Emanuel Synagogue membership and a commitment to this program are required before the Bar/Bat Mitzvah date.

Bnei Mitzvah Program Fees: \$1320

Instalment Method):

Payment Method: Cheque Credit Card(Visa/Mastercard [incurs 1.42% fee] or AMEX [incurs 1.8% fee])

- - - Expiry: / CVC:

Name on Card:

Direct Deposit Account Name: Emanuel Synagogue BSB: 062198 A/C No: 1067-7810

Office Use Only

- Form Saved on Drive (SV)
- Add to Class Roll (SV)
- Update Enrolment Status ShulCloud (SV)
- Added "BM Program" Tag in ShulCloud (SV)
- Finance Team have processed fee (FA)
- Send Start Date Confirmation Email to parents (RK/DJ)