

## Application 5777 2016/17 6th grade girls

Name:		_ Age:	School:		-
Home Pho	ne:				
Mother Ce	II #:	Fathe	er Cell #:		
Parents' er	nails: (please write clearly)				
Emergency	/ Contact name:				
Emergency	contact number:				
Birthday: _		_			
Allergies: _					
Parent's sig	gnature:				
Comments	:				
<b>T</b> I 1		., 1	.0.		
ine i	Bat Mitzvah Club cost to	o enroll: §	180.00		
Pleas	e choose one of the follow	ing payme	nt plans		
	☐ Payment in full \$180				
	☐ 2 installments of \$90 (v	with head	checks)		
☐ Ple	ase check if you would like	to sponso	r another child	for this club.	

## A Project of Chabad of West Hempstead

565 Nassau Blvd • West Hempstead, NY 11552 • 516-483-1683 Email: <a href="mailto:chayarochel@yahoo.com">chayarochel@yahoo.com</a> Web: www.chabadwesthempstead.org



Motzai Shabbos

September 24, 2016

Bat Mitzvah club kit

November 26, 2016

Adorable challah craft

January 14, 2017

Winter craft to be donated

March 4, 2017

Adam Rinn Sword swallowing Adar Show

May 6, 2017

Performance Practice

October 15, 2016

Elegant Yom Tov serving spoons

December 17, 2016

Chanukah oil blend

February 11, 2017

Tu B'shvat edible craft

April 1, 2017

Paint Nite

May 10, 2017

Bat Mitzvah finale