

Chabad Jewish Center – Upper Passaic County

1069 Ringwood Avenue, Suite 315
Haskell, NJ 07420

201-696-7609
www.JewishHighlands.org

BAT MITZVAH APPLICATION FORM (to be filled out at your first meeting with the Rabbi or Esty)

Last Name: _____ First Name: _____

Date of Birth: _____ Day Night Hebrew Name: _____

Address: _____ Zip Code: _____

Telephone: _____ Cell Phone: _____ Mother Father

Email: _____

Father's Name: _____ Mother's Name: _____

Father's Hebrew Name: _____ Mother's Hebrew Name: _____

Preferred Bat Mitzvah Date: _____ Hebrew Date of Birth: _____

Have there been any conversions or adoptions in the family history? _____
If yes, please include all information and documentation.

Please note: All conversions must be made through a registered Beth Din that is certified by the Rabbinat of Israel.

Is the mother of the child Jewish? _____ Is the mother's mother Jewish? _____

Bat Mitzvah Lesson Payment - \$25 per 25-30 minute lesson.

Payment options can be discussed. Arrangements must be made prior to commencement of lessons.

All catering done at Chabad must be from an approved Kosher caterer. For a list of approved Kosher caterers, please speak with the Rabbi.

Parent's Signature: _____ Date: _____