

NUSACH HARI BNAI ZION CONGREGATION

650 N. Price Rd., St. Louis, MO 63132, 314-991-2100 ext. 2



“The BAR & BAT MITZVAH Journey” Registration

Please fill out this Registration Form, send it to the above address or email to barbat@nhbz.org



Students Information

#	Names (Last, First)	Hebrew Names	DOB	Approx. Birth Time	Grade
1.					
2.					
3.					

Parents (or Guardians)

Mother’s Name: _____ Hebrew Name: _____

Address: _____
Street City State Zip

Phones: Home: _____ Cell: _____ Work: _____ Email Address: _____

Father’s Name: _____ Hebrew Name: _____

Address: _____
Street City State Zip

Phones: Home: _____ Cell: _____ Work: _____ Email Address: _____

Which Synagogue(s) or Temple(s) are you affiliated with? _____

Comments: (please enter any information regarding your Students that you would like us to know. This would include items such as academic strength, preferred methods of learning, etc. (please add extra pages if necessary):

Student Name	Comments
	_____ _____
	_____ _____
	_____ _____

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Tuition Details

Tuition Fees:

We are members of NHBZ, so the tuition fees will be \$550 per enrolled student

We are not members of NHBZ, so the tuition fees will be \$650 per enrolled student

Total Tuition: (# of enrolled students: _____ x \$ _____ per child) = \$ _____ total

I would like to pay by (indicate your preference):

Check: enclosed is a check# _____ for sum of \$ _____

credit card. Please see below for Credit Card details.

Parents Signatures

Date

IMPORTANT NOTE: the above Tuition Fees cover the above course for 1 year. They do not cover any fees that might be associated with 1 on 1 training to chant the Specific Torah and/or Haftorah Portions. If you wish, we shall assist in finding a teacher for this purpose. The fees further do not cover the costs of any Celebration Event that you may choose to have at NHBZ for the Bar/Bat Mitzvah of your students.

To pay by credit card, please fill out and sign the following:

Visa / MasterCard: _____ **Credit Card #:** _____

Exp. Date: _____ **Name as it appears on the credit card:** _____

Authorized Credit Card Signature: _____

By signing the above, you authorize NHBZ to charge the above credit card for the Total Tuition Amount.

FOR OFFICE USE ONLY		
Date Application Received: _____	Amount Paid \$ _____	Date of Payment _____
Total amount due: _____	Payment Type _____	Balance Due \$ _____
Notes:		

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EMERGENCY MEDICAL RELEASE

FILL OUT ONE FORM PER CHILD (STUDENT)

I (we) hereby give consent to the Director of this program, or person designated, to make available to my child _____ professional emergency medical care when such care is indicated.

It is understood that a conscientious effort will be made to notify my spouse or me before action is taken. It is further understood that every effort will be made to contact my child’s physician prior to any treatment.

In the event that this is not possible, I give permission for my child to receive proper medical care by any doctor, nurse, paramedic, or member of a medical staff of a hospital licensed by the State of Missouri.

This is to certify that my child is in good physical health and he/she has our permission to participate in all activities that are part of this program.

Parent’s Signature Date

Doctor’s Name _____ Doctor’s Phone: _____

Allergies/Comments (please list any and all special conditions and needs of the student being enrolled)

Medications: If your student takes any medication, please list below-

Emergency Contacts:

- 1) Name: _____ Relationship: _____ Telephone Number: _____
- 2) Name: _____ Relationship: _____ Telephone Number: _____
- 3) Name: _____ Relationship: _____ Telephone Number: _____