



## PTA Bar/Bat Mitzvah Registry

The PTA *Bar/Bat Mitzvah* Registry was set up to assist parents in planning their *simcha* so that it can be a celebration for all involved. The registration process cannot guarantee that there will be no conflict of dates, but many problems can be eliminated with everyone's cooperation.

The registration process is as follows:

- 1) Determine your child's *Bar/Bat Mitzvah* date according to the Jewish calendar. Different customs regarding celebrations are followed during the *Pesach* through *Shavuot* time period; please consult your Rabbi or Rabbi Einzig guidance.
- 2) Complete the attached *Bar/Bat Mitzvah Registration Form* and return it to the office in an envelope marked "PTA Bar/Bat Mitzvah." Choose one date for each entry.
- 3) Contact your synagogue/caterer to check the availability of your chosen date(s). (Some parents choose to reverse #2 and #3.)
- 4) The *Bar/Bat Mitzvah* chairperson will contact you to verify the availability of your chosen date(s).
- 5) If two families have requested the same date(s), each family will be notified that there have been other inquiries for that same date(s).
- 6) Dates will be recorded no more than two years in advance.
- 7) **ALL REGISTRATION INFORMATION MUST BE IN WRITING!**
- 8) **ANY CHANGES MADE IN RECORDED DATES MUST BE IN WRITING!**

Our children are the ones who are most affected when conflicts in *simcha* dates are not resolved. With some forethought and consideration for others, this problem need not exist. Thank you in advance for your cooperation.



## PTA *Bar/Bat Mitzvah* Registration Form

Please send this completed form along with your check for \$50.00 (payable to WDS) to the school office in an envelope marked **“PTA *Bar/Bat Mitzvah*.”**

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work: \_\_\_\_\_

The following are our intended ***Bar/Bat Mitzvah*** dates:

Shabbat/Synagogue Service: \_\_\_\_\_  
Day of week / month / date / year / time of day

Party: \_\_\_\_\_  
Day of week / month / date / year / time of day

In-School Observance: \_\_\_\_\_  
Day of week / month / date / year / time of day

**You will be contacted to verify the availability of dates.**

**Thank you in advance for your cooperation. Please do not write below this line**

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Date Received: \_\_\_\_\_ Date Confirmed: \_\_\_\_\_

Check#: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Signature: \_\_\_\_\_