



BAIS CHAYA MUSHKA SEMINARY

5115 Vezina, Montreal, Quebec, Canada H3W1C2

514-733-2221 – Fax: 514-733-5051 – info@theseminary.ca

Dear Parents and applicant שיחיו,

Thank you for your interest in Bais Chaya Mushka, founded in memory of Rebbetzin Chaya Mushka, an exceptional seminary where girls learn from the Rebbetzin's conduct and follow in her ways, as per the Rebbe's guidance.

Bais Chaya Mushka's pleasant atmosphere will nurture two treasured years of growth in Yiras Shomayim, Chassidishkeit and Midos Tovos. Our curriculum is developed to be meaningful and inspiring, enabling our students to appreciate the depth and relevance of Torah and Chassidus in their daily lives.

The many Farbrengens, Shabbatons, Mivtzoim and extracurricular activities create a Chassidische vibrant atmosphere. Teaching methodology and psychology courses equip our students with the tools to educate their own students and children one day. We provide a multitude of leadership opportunities and learning experiences to encourage our students to be lamplighters; in Chinuch, Shlichus, or wherever they might find themselves.

Our dedicated staff offers individual attention to each girl, nurturing personal growth as she formulates her outlook and direction in life, as a Jewish woman, wife, mother and Chossid. This will certainly be a source of tremendous Nachas to the Rebbe and our namesake, the Rebbetzin.

Please take the time to look over the application package. Completed applications should be received in our office by **10 Shevat - February 6th**. Please call our office if you need assistance with your application.

Feel free to call me (ext. 230) with any questions you may have about our program. Looking forward to a fulfilling and successful year!

Sincerely yours,
Mrs. Chanie Brand



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APPLICATION FOR ADMISSION – 5778

The following information will help you complete your application in a smooth and timely fashion.

- 1 - Application form** - We prefer if you complete this page on our website: www.theseminary.ca
 This will help us ensure that all information is recorded correctly. The rest of the application may be mailed or emailed.
- 2 - Applicant's personal profile** - Please fill this out to the best of your ability. We would like to know more about you, there are no right or wrong answers.
- 3 - Reference form (2)** - It is important to have these filled out by references who really know you, i.e. a current teacher, principal or someone in a Chinuch/ administrative position. The reference needs to mail or email the form directly to us, before 10 Shevat - February 6th. Your registration is not complete without it.
- 4 - Medical form** - We request this information for your safety. If your doctor is not signing it now, please keep a copy to be signed on acceptance.
- 5 - Registration fee** - Check or credit card accepted. To pay by credit card you may use the enclosed form, or pay on our website at www.theseminary.ca.
- 6 - Checklist** - Please ensure that all forms and documents requested on the checklist are submitted before the deadline.
- 7 - Interview** - Every applicant will have a personal interview as part of the application process. For applicants from abroad who apply before the deadline, the interview will take place in Crown Heights over the 22 Shevat weekend.

Completed applications should be received in our office by **10 Shevat - February 6th**, to receive an interview over 22 Shevat.

APPLICANT INFORMATION			
Last Name	Hebrew Name	Legal Name	Preferred Name
Address			
City	State/Prov.	Country	Postal Code
Home Telephone	Applicant's cell	Applicant's email	Applicant's Citizenships
Jewish Birthday	Secular Birthday (M/D/Y)	Other Cities/Countries lived in previously	

FATHER		MOTHER	
(Hebrew) Name	Occupation/Place of work	(Hebrew) Name	Occupation/Place of work
Cell	Email	Cell	Email
Address (If different than above)	Citizenships	Address (If different than above)	Citizenships
	Home phone (If different than above)		Home phone (If different than above)
Person responsible for tuition		Telephone/email info	
Future correspondence to be directed to: Father / Mother / Other(Specify)			



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APPLICATION – PERSONAL PROFILE

ABOUT YOURSELF	
Applicant name	City
Please describe who you are in 3 sentences.	
Select 2 or 3 of the following traits that you feel best describes you: <input type="checkbox"/> I persevere in the face of challenges <input type="checkbox"/> I will turns to others for guidance in self-growth when necessary <input type="checkbox"/> I am willing to step out of my comfort zone <input type="checkbox"/> I appreciate the need to follow school rules and expectations <input type="checkbox"/> I keep a positive outlook <input type="checkbox"/> My friends would consider me easy to get along with <input type="checkbox"/> Flexible <input type="checkbox"/> A "Mentch"	
What do you think you gained most from your high school years?	
What did you like most about high school?	
Please tell us something about your aspirations for the future and where you would like to see yourself in 10 years.	

LEARNING						
Which topics or subjects have you found most inspiring or important? Explain.						
What do you learn on your own, daily or weekly? (Outside of school obligations)						
What is your preferred way of learning? (check all that apply) <input type="checkbox"/> Group discussions <input type="checkbox"/> Reading <input type="checkbox"/> Lectures <input type="checkbox"/> Text based <input type="checkbox"/> Personal conversations <input type="checkbox"/> Firsthand experiences <input type="checkbox"/> Independent study <input type="checkbox"/> Chavrusa <input type="checkbox"/> Farbrengens						
What are your learning goals? <input type="checkbox"/> Intellectual stimulation <input type="checkbox"/> Internalize and grow <input type="checkbox"/> Expand knowledge <input type="checkbox"/> Other (specify)						
Which of the following sentences are true about you? <input type="checkbox"/> I can learn TaNach independently <input type="checkbox"/> I can learn Chassidus independently <input type="checkbox"/> I am able to research a subject on my own <input type="checkbox"/> I like to learn						
Language Competency:	Fluent	Working knowledge	Minimal	None	Read	Understand
English						
Hebrew						
Other(s)specify:						

SCHOOLS ATTENDED				
Current school	Grades	City/Country	Principal /Phone	Mechaneches /Phone
Other High Schools Attended	Grades	City/Country	Principal /Phone	Mechaneches /Phone

Applicant Name	City
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HASHKAFKA

What does "Chassidish" mean to you? What does living as a Chossid mean for you?

Please describe a Torah or Chassidic concept that really resonates with you / you live by:

- Are you a girl who... check those that apply:
- has an appreciation for Yiddishkeit and lives by those values
 - has an appreciation for Chassidishkeit and lives by those values
 - follows Tznius rules
 - follows Tznius above the letter of the law
 - says Chitas daily
 - speaks to a Mashpia regularly
 - works on personal growth

EXTRA CURRICULAR

Please describe some of your interests, talents, hobbies or pastimes

What type of extra-curricular programs do you enjoy?

What programs have you organized or led in your school or community?

- Which statements below best describe you?
- | | |
|---|--|
| <input type="checkbox"/> I would join most optional extra-curricular activities | <input type="checkbox"/> I would join optional extra-curricular activities sometimes |
| <input type="checkbox"/> I do Chesed when needed | <input type="checkbox"/> I enjoy doing Chesed /Shlichus and appreciate the opportunity |
| <input type="checkbox"/> I enjoy creating / leading extra-curricular activities | <input type="checkbox"/> I enjoy working behind the scenes |
| <input type="checkbox"/> I work best alone | <input type="checkbox"/> I work best with a group |

SUMMER CAMPS ATTENDED

Camp (Other, please specify)	Position	City/State	Shliach/Director	Telephone
Summer 5776 , July				
Camp (Other, please specify) Summer 5776 , August				
Camp (Other, please specify) Summer 5775				

Other Shlichus experience or accomplishments

Applicant Name	City
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INTERACTING WITH PEERS

Did you live away from home before? What was the experience like for you?

Describe the personality or qualities of the friends / people you feel close with

EXPECTATIONS AND GOALS FOR SEMINARY

In what way do you hope seminary will be the same as high school?

In what way do you hope seminary will be different than high school?

What is most important to you in a seminary? (please number in the order of importance to you, 1=most, 4=least)

- ___ academic program
- ___ social experience
- ___ Chassidishe environment / Farbrengens
- ___ community involvement / Shlichus
- ___ teaching skills and opportunities

What do you hope to gain from your year in Seminary?

What or who motivated you to apply to our Seminary?

Is there anything else you would like us to know about yourself?



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MEDICAL FORM ~ 5778

In order to provide each girl with a year of growth, physically and spiritually, it is beneficial for us to know of any health concerns so we can best accommodate each ones needs. All information will be held in confidence. This form must be completed and signed by a parent with submission of initial application to the Seminary. This form must be signed by a doctor prior to final acceptance of applicant to the Seminary.

Applicant's Name	City	Telephone
Travel Insurance	Policy Number	Telephone
Name of Doctor	Telephone	Date of last Tetanus Booster
Emergency contact name	Telephone	Cell Phone
Height	Weight	Date of Birth
List all current medication		
List all medications taken regularly in past 2 years		
Was applicant admitted to hospital or surgery in past 2 years?		
List all allergies and severity		
Restrictions in physical activity		
In the past, was applicant absent from school for significant periods due to health? Please explain.		

Has applicant experienced or is currently experiencing any of the following conditions:

	Y	N		Y	N		Y	N
ADD/ADHD			Concussion			Kidney Disease		
Asthma			Depression / Anxiety			Learning Disabilities		
Back/Neck Pain			Diabetes			Menstrual Difficulties		
Blackouts/Fainting			Hearing Problems			Mental Health Issues		
Bleeding Disorder			Epilepsy / Seizures			Sinus infections		
Chest Pain			Headaches / Migraines			Eating Disorder		
Crohn's /Colitis/IBS			Heart condition			Other (Specify)		
If you responded "Yes" to any of the above, please explain:								
Specialist following above conditions Name				Telephone				

Signature of examining Doctor

Date

I hereby authorize the seminary administration to use medical, surgical, or dental services, at their discretion, for the health and well-being of the student. I will be responsible to cover the costs, and will handle all claims with my travel insurance company. Please be advised that if there were health issues that were not brought to the administrations attention, it may become necessary to prematurely terminate the students school year.

Signature of Parent

Date



BAIS CHAYA MUSHKA SEMINARY ~ STUDENT ASSESSMENT FORM

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Thank you for your time in filling out this assessment form. We highly value your opinion, and this information is extremely important to us. All information will be held in the strictest confidence. Please mail/email this form yourself, directly to us. Please note, we can only process the application once we have received this form.

Name of Applicant		City			
Reference - Name		Position			
Reference phone	Office	Cell			
Email	Best time to reach you				
How long have you known the applicant for? How frequently do you interact with the applicant?					
Personality/character		very much so	mostly	at times	Rarely
Respects others					
Has a positive outlook					
Values honesty/integrity					
Takes responsibility for her actions and words					
Adaptable/flexible					
Shares her feelings or opinions					
Extends herself outside her own circle					
Is sensitive to others					
Stands up for what is right					
Is self-confident					
Conducts herself with Menchlichkeit					
Contributes or volunteers					
Demonstrates interest in personal growth					
Has leadership qualities					
Takes responsibility for personal appearance (hygiene, etc)					
Commitment to Torah/Chassidishe identity					
Identity and commitment as a Torah Jew is readily apparent					
Identity as a Chossid is readily apparent					
Physical appearance when in school reflects that of a Chossid					
Physical appearance when out of school reflects that of a Chossid					
Demeanour and behaviour reflects that of a Chossid					
Puts thought into ensuring her actions follow her beliefs					
Applies her learning to her Avodah					
Learning					
Easily learns new concepts					
Is attentive in class					
Participates in class discussions					
Is respectful of authority, rules and policies					
Enjoys learning in her own time					
Is open and eager to new learning experiences					
Is consistent with school attendance and punctuality					
Completes work and assignments responsibly					
Is there anything else you feel we should know to enable us to best help this student?					
Please describe this student in a few sentences:					
Comments					

Signature _____

Date _____



BAIS CHAYA MUSHKA SEMINARY ~ STUDENT ASSESSMENT FORM

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Thank you for your time in filling out this assessment form. We highly value your opinion, and this information is extremely important to us. All information will be held in the strictest confidence. Please mail/email this form yourself, directly to us. Please note, we can only process the application once we have received this form.

Name of Applicant		City		
Reference - Name		Position		
Reference phone	Office	Cell		
Email	Best time to reach you			
How long have you known the applicant for? How frequently do you interact with the applicant?				
Personality/character	very much so	mostly	at times	Rarely
Respects others				
Has a positive outlook				
Values honesty/integrity				
Takes responsibility for her actions and words				
Adaptable/flexible				
Shares her feelings or opinions				
Extends herself outside her own circle				
Is sensitive to others				
Stands up for what is right				
Is self-confident				
Conducts herself with Menchlichkeit				
Contributes or volunteers				
Demonstrates interest in personal growth				
Has leadership qualities				
Takes responsibility for personal appearance (hygiene, etc)				
Commitment to Torah/Chassidische identity				
Identity and commitment as a Torah Jew is readily apparent				
Identity as a Chossid is readily apparent				
Physical appearance when in school reflects that of a Chossid				
Physical appearance when out of school reflects that of a Chossid				
Demeanour and behaviour reflects that of a Chossid				
Puts thought into ensuring her actions follow her beliefs				
Applies her learning to her Avodah				
Learning				
Easily learns new concepts				
Is attentive in class				
Participates in class discussions				
Is respectful of authority, rules and policies				
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Signature _____

Date _____



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CREDIT CARD FORM ~ 5778

Applicant's Name: _____ City: _____

Phone #: _____ Email #: _____

Please print clearly

<i>CARDHOLDER NAME</i> <i>(PRINT)</i>	<i>CREDIT CARD NUMBER</i>	<i>Expiry Date</i> <i>MONTH/YEAR</i>
		/

Visa

Master Card

American Express

CHECK ONE*	DESCRIPTION	\$ US FUNDS
	Application fee	\$50.00
	Late Application fee	\$80.00

*Applications received after שבת ו' (February 6th) will be charged \$80 instead of \$50.

Please consider this letter to be your authorization to charge the above-mentioned amount(s) to the credit card account indicated above.

Please note that the amount showing on your monthly statement might slightly fluctuate based on the exchange rate of the Canadian dollar.

SIGNATURE OF CARDHOLDER

DATE





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APPLICATION CHECKLIST ~ 5778

Please complete this and send it in with your application
 Applications with missing documents will not be processed

Name _____ City / State / Country _____

Telephone _____ Email _____

✓		FOR OFFICE USE ONLY
---	Date Submitted _____	Date received
	Application form [completed]	
	Personal profile form [completed]	
	Medical form [completed]	
	Reference form 1 [to be sent in by reference] Completed by (name): _____	
	Reference form 2 [to be sent in by reference] Completed by (name): _____	
	Application - check or credit card form	
	Copy of full size birth certificate (with both parents names on it)	
	Copy of last year's Kodesh transcript	
	Copy of last year's secular transcript	
	Copy of this year's Kodesh report card	
	Copy of this year's secular report card	
	Interview for girls not living in Montreal ___ I will be in New York 22 Shevat weekend From _____ (date/time) until _____ (date/time) We will contact you the week before to schedule an appointment ___ I will not be in New York over 22 Shevat We will contact you to schedule an interview for another time	