



## **The Sunday Experience at BMH-BJ**

**Registration Form  
2023–2024 School Year**

Please provide all information

**Student Information**

Child's Name:	_____	Hebrew Name:	_____
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:	_____
School Grade entering in August 2023:		School Attending:	_____
<input type="checkbox"/> Bar/Bat Mitzvah Program			

Child's Name:	_____	Hebrew Name:	_____
Male	<input type="checkbox"/> Female	Date of Birth:	_____
School Grade entering in August 2023:		School Attending:	_____
<input type="checkbox"/> Bar/Bat Mitzvah Program			

Child's Name:	_____	Hebrew Name:	_____
Male	<input type="checkbox"/> Female	Date of Birth:	_____
School Grade entering in August 2023:		School Attending:	_____
<input type="checkbox"/> Bar/Bat Mitzvah Program			

**Contact Information**

_____			
Street Address			
_____			
City		State	Zip
(    )	(    )		
Home Phone		Cell Phone	Email Address
_____			

**Parent/Guardian Information**

---

Father's Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Congregational Affiliation, if any: \_\_\_\_\_  
  
\_\_\_\_\_**Emergency Contact Information**

---

Emergency Contact Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company/Policy Number: \_\_\_\_\_

Special Needs or Concerns: \_\_\_\_\_  
  
\_\_\_\_\_

In the event of an emergency while my child is under the school's supervision, I hereby give permission for the administration or person in charge to have my child taken to the emergency room of a nearby hospital for medical treatment.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We hereby grant permission to The Sunday Experience to photograph or videotape our child/ren during school activities for the use in organizational materials and for similar uses without recompense.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Jewish Experience

Tuition & Fees *	# of children	Cost	Total
Tuition		@ \$900 per child	
Registration/Supplies		@ \$100 per child	
Additional Supplies – Bar/Bat Mitzvah		@ \$75 per child	
Facilities Fee		@ \$250 per family	
<b>Total:</b>			

### Payment options:

- ☐ **Check** Payable to The Jewish Experience (memo: The Sunday Experience)  
☐ **Credit Card** Visa or MasterCard only, 2% processing fee

Card Number

Exp. Date

\_\_\_\_\_  
Billing address (if different from home address):

\_\_\_\_\_  
*Payment Plans Available*

## BMH-BJ Families

Tuition & Fees *	# of children	Cost	Total
Tuition		@ \$900 per child	
Registration/Supplies		@ \$100 per child	
Additional Supplies – Bar/Bat Mitzvah		@ \$75 per child	
Facilities Fee		No Charge	
<b>Total:</b>			

### Payment options:

- ☐ **Check** Payable to BMH-BJ (memo: The Sunday Experience)  
☐ **Credit Card** Visa, MasterCard, Discover, Amex, 3% OPTIONAL processing fee

Card Number

Exp. Date

\_\_\_\_\_  
Billing address (if different from home address):

\_\_\_\_\_  
*Payment Plans Available*

Please mail this form to:

The Jewish Experience 399 S Monaco, Denver, CO 80224 Please contact The JE with any questions at 720-840-7279.	BMH-BJ 560 S Monaco, Denver, CO 80224 Please contact Ilene Rosen with any questions at 303-951-8232.	Nora Jamieson njamieson@bmh-bj.org
--	--	---------------------------------------