



The Sunday Experience at BMH-BJ

Registration
2018–2019 School Year

Please provide all information

Student Information

Child's Name: _____ Hebrew Name: _____

Male Female Date of Birth: _____

School Grade entering in August 2018: _____ School Attending: _____

Bar/Bat Mitzvah Program

Child's Name: _____ Hebrew Name: _____

Male Female Date of Birth: _____

School Grade entering in August 2018: _____ School Attending: _____

Bar/Bat Mitzvah Program

Child's Name: _____ Hebrew Name: _____

Male Female Date of Birth: _____

School Grade entering in August 2018: _____ School Attending: _____

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		@ \$800 per child	
Registration/Supplies		@ \$100 per child	
Additional Supplies – Bat Mitzvah		@ \$75 per child	
Facilities Fee		@ \$50 per family	
Total:			

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		@ \$800 per child	
Registration/Supplies		@ \$50 per child	
Additional Supplies – Bat Mitzvah		@ \$75 per child	
Facilities Fee		No Charge	
Total:			

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 <i>Please contact Karen Schweitzer with any questions at 720-840-7279.</i>	Karen Schweitzer kschweitzer@theje.com	BMH-BJ 560 S Monaco, Denver, CO 80224 <i>Please contact Ilene Rosen with any questions at 303-951-8232.</i>	Nora Jamieson njamieson@bmf-bj.org
---	--	---	---