



## The Sunday Experience at BMH-BJ

Registration  
2021-2022 School Year

Please provide all information

**Student Information**

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Child's Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_

School Grade entering in August 2021: \_\_\_\_\_ School Attending: \_\_\_\_\_

Bar/Bat Mitzvah Program

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Child's Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_

School Grade entering in August 2021: \_\_\_\_\_ School Attending: \_\_\_\_\_

Bar/Bat Mitzvah Program

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Child's Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_

School Grade entering in August 2021: \_\_\_\_\_ School Attending: \_\_\_\_\_

Bar/Bat Mitzvah Program

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**Contact Information**

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

\_\_\_\_\_ City State Zip

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\_\_\_\_\_ Home Phone Cell Phone Email Address

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**Parent/Guardian Information**

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

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

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

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

Congregational Affiliation, if any: \_\_\_\_\_

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**Emergency Contact Information**

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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		@ \$850 per child	
Registration/Supplies		@ \$100 per child	
Additional Supplies – Bat Mitzvah		@ \$75 per child	
Facilities Fee		@ \$50 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		@ \$850 per child	
Registration/Supplies		@ \$50 per child	
Additional Supplies – 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 Karen Schweitzer with any questions at 720-840-7279.	Karen Schweitzer <a href="mailto:kschweitzer@theje.com">kschweitzer@theje.com</a>	BMH-BJ 560 S Monaco, Denver, CO 80224 Please contact Ilene Rosen with any questions at 303-951-8232.	Nora Jamieson <a href="mailto:njamieson@bmh-bj.org">njamieson@bmh-bj.org</a>
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