



THE SUNDAY EXPERIENCE

Application Form

2018 – 2019
School Year

Student Information

Child's Name: _____ Hebrew Name: _____

Male Female Date of Birth: _____

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

Bat Mitzvah Program Bar Mitzvah Program

Child's Name: _____ Hebrew Name: _____

Male Female Date of Birth: _____

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

Bat Mitzvah Program Bar Mitzvah Program

Child's Name: _____ Hebrew Name: _____

Male Female Date of Birth: _____

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

Bat Mitzvah Program Bar Mitzvah Program

Family History

Child/ren is/are: born Jewish converted adopted not Jewish

If converted, when did the conversion take place? _____

Through which synagogue? _____

Mother is: born Jewish converted adopted not Jewish

If converted, when did the conversion take place? _____

Through which synagogue? _____

Father is: born Jewish converted adopted not Jewish

If converted, when did the conversion take place? _____

Through which synagogue? _____

Contact Information

Street Address

City

State

Zip

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Home Phone

Cell Phone

Email Address

Parent/Guardian Information

Father's Name: _____

Hebrew Name: _____

Occupation: _____

Congregational Affiliation, if any: _____

Mother's Name: _____

Hebrew Name: _____

Occupation: _____

Congregational Affiliation, if any: _____

References

Name: _____

Phone: () _____

Relationship: _____

Name: _____ Phone: () _____

Relationship: _____

How did you hear about us?

- Mailing Family Ad
 Friend Class Other:
-

Please submit this form to one of the following addresses:

- kschweitzer@theje.com
- The Jewish Experience, 399 South Monaco Pkwy., Denver, CO 80224

Please contact Karen Schweitzer with any questions at 720-840-7279 or kschweitzer@theje.com or The Jewish Experience office at rsvp@theje.com or 303-316-6412.