



BMH  BJ

## THE SUNDAY EXPERIENCE

Application Form

2020 – 2021  
School Year

Student Information

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

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

School Grade entering in August 2020: \_\_\_\_\_ School Attending: \_\_\_\_\_

Bat Mitzvah Program  Bar Mitzvah Program

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

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

School Grade entering in August 2020: \_\_\_\_\_ School Attending: \_\_\_\_\_

Bat Mitzvah Program  Bar Mitzvah Program

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

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

School Grade entering in August 2020: \_\_\_\_\_ School Attending: \_\_\_\_\_

Bat Mitzvah Program  Bar Mitzvah Program

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Family History

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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**

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

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

(    )                    (    )

Home Phone

Cell Phone

Email Address

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**Parent/Guardian Information**

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

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

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

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

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

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

**References**

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Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Relationship: \_\_\_\_\_

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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](mailto: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](mailto:kschweitzer@theje.com) or The Jewish Experience office at [rsvp@theje.com](mailto:rsvp@theje.com) or 303-316-6412.