



BMH  BJ

THE SUNDAY EXPERIENCE

Application Form

**2024 – 2025
School Year**

Student Information

Child's Name: _____ Hebrew Name: _____

Male Female Date of Birth: _____

School Grade entering in August 2024: _____ School Attending: _____

Bat Mitzvah Program Bar Mitzvah Program

Child's Name: _____ Hebrew Name: _____

Male Female Date of Birth: _____

School Grade entering in August 2024: _____ School Attending: _____

Bat Mitzvah Program Bar Mitzvah Program

Child's Name: _____ Hebrew Name: _____

Male Female Date of Birth: _____

School Grade entering in August 2024: _____ 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
()	()		
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:

The Jewish Experience, 399 South Monaco Pkwy., Denver, CO 80224

Please contact The Jewish Experience office at rsvp@theje.com or 303-316-6412.

