

2024-25 Registration Form



Child's Full Name _____

Please circle the programs you'd like to register for below.

Nursery 6 weeks - 12 months, 7 am - 6 pm	2 Days Tues/Thurs		3 Days Mon/Weds/Fri		5 Days Mon-Fri	
	BMH-BJ Member	Non-Member	BMH-BJ Member	Non-Member	BMH-BJ Member	Non-Member
7 am - 6 pm	\$820	\$965	\$1190	\$1400	\$1955	\$2300

One Year Olds 13-24 months by 10/01/2022	2 Days Tues/Thurs		3 Days Mon/Weds/Fri		5 Days Mon-Fri	
	BMH-BJ Member	Non-Member	BMH-BJ Member	Non-Member	BMH-BJ Member	Non-Member
9 am - 12:30 pm	\$370	\$435	\$550	\$650	\$900	\$1055
9 am - 3 pm	\$575	\$675	\$850	\$1000	\$1360	\$1,600

Twos, Threes, and Pre-K 2, 3, or 4 years old by 10/01/2022	2 Days Tues/Thurs		3 Days Mon/Weds/Fri		5 Days Mon-Fri	
	BMH-BJ Member	Non-Member	BMH-BJ Member	Non-Member	BMH-BJ Member	Non-Member
9 am - 12:30 pm	\$360	\$420	\$545	\$640	\$885	\$1040
9 am - 3 pm	\$565	\$665	\$845	\$995	\$1350	\$1590

Optional Add-On Hours			
Early and After Care	2 Days Tues/Thurs	3 Days Mon/Weds/Fri	5 Days Mon-Fri
7 am - 9 am	\$96	\$130	\$195
8 am - 9 am	\$86	\$112	\$165
3 pm - 4 pm	\$86	\$115	\$165
3 pm - 5 pm	\$96	\$130	\$195
3 pm - 6 pm (4 pm on Fridays)	\$110	\$135	\$210

Note: A monthly security fee of \$60 per child (to not exceed \$100 per family) will be added to tuition. A \$175.00 non-refundable registration fee for the first child and \$50 for each additional child **must** accompany your application. Spots won't be held without payment. Registration opens to the general public on January 23, 2024.

Child's First Name _____ Child's Last Name _____

Hebrew Name _____ Nickname _____

Birth Date _____

Sex: Male Female Prefer not to say

Are you a BMH-BJ Synagogue member? Yes No

Do you have other synagogue affiliation? Yes No

If yes, where? _____

Would you like information on BMH-BJ synagogue membership? Yes No

Do you plan on applying for financial aid? Yes No

Parent/Guardian Information

Parent 1 First & Last Name _____

Parent 1 Address, City, State, and Zip Code _____

Parent 1 Cell Phone _____ Parent 1 Home Phone _____

Parent 1 Email Address _____

Parent 1 Profession _____

Parent 2 First & Last Name _____

Parent 2 Address, City, State, and Zip Code _____

Parent 2 Cell Phone _____ Parent 2 Home Phone _____

Parent 2 Email Address _____

Parent 2 Profession _____

Grandparent Information

Grandparent Household 1

Grandparent 1 First & Last Name _____

Is this person authorized to pick up your child? Yes No

Grandparent 2 First & Last Name _____

Is this person authorized to pick up your child? Yes No

Address, City, State, and Zip Code _____

Grandparent 1 Cell Phone _____ Grandparent 2 Cell Phone _____

Grandparent 1 Email Address _____

Grandparent 2 Email Address _____

Grandparent Household 2

Grandparent 1 First & Last Name _____

Is this person authorized to pick up your child? Yes No

Grandparent 2 First & Last Name _____

Is this person authorized to pick up your child? Yes No

Address, City, State, and Zip Code _____

Grandparent 1 Cell Phone _____ Grandparent 2 Cell Phone _____

Grandparent 1 Email Address _____

Grandparent 2 Email Address _____

Emergency Contact Information

Contact #1 Name & Phone Number _____

What is this person's relationship to the child? _____

Is this person authorized to pick up your child? Yes No

Contact #2 Name & Phone Number _____

What is this person's relationship to the child? _____

Is this person authorized to pick up your child? Yes No

Contact #3 Name & Phone Number _____

What is this person's relationship to the child? _____

Is this person authorized to pick up your child? Yes No

Is there is anyone who is NOT PERMITTED to pick your child up? Yes No

If yes, please provide their name(s): _____

Health and Behavior Information

Child's Doctor _____

Child's Doctor's Phone Number _____

Child's Dentist _____

Child's Dentist's Phone Number _____

Please list any allergies or health concerns your child has:

Note: If your child has a severe allergy, we require a physician allergy treatment plan on file.

Immunizations

Are your child's immunization records up to date and will you provide them to us prior to your child starting the 2024-25 school year?

Yes

No

Other: _____

Note: Colorado law (Board of Health rule 6 CCR 1009-2) requires all students attending Colorado schools and licensed child care providers to be vaccinated against certain diseases, unless an exemption is filed. Meeting the initial vaccine requirements does not excuse a student from meeting additional requirements. The ACIP also recommends vaccinations that protect against other diseases, including Meningococcal, Hepatitis A, Rotavirus, HPV, and Influenza. Learn more here: <https://www.colorado.gov/pacific/cdphe/schoolrequiredvaccines>

Evaluations

Please indicate if your child has been evaluated by any of the following:

Physical Therapist

Psychologist

Speech Therapist

Occupational Therapist

Developmental Specialist

Behavior Specialist

Other: _____

If you selected any of the options above, when was the evaluation? _____

Is your child currently receiving services from any of the above providers? Yes No

Does your child have a current IFSP or an IEP? Yes No

Please review the following programmatic and health/food permissions, as well as the financial agreement. Please date and sign and return to the preschool office.

Programmatic Permissions

- | Agree | Decline | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I grant permission for photographs/videos of my child to be used for publication (print/web). |
| <input type="checkbox"/> | <input type="checkbox"/> | I grant permission for my child to use all of the play and gym equipment and participate in all of the activities of the school. |
| <input type="checkbox"/> | <input type="checkbox"/> | I grant permission for my child to leave the school premises under the supervision of school staff for neighborhood walks or for announced field trips. In trips involving driving, I understand that I must provide a car seat for field trips, or my child will not be able to attend the field trip. |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand and accept that the director reserves the right to cancel enrollment when it is determined that further attendance is not in the best interest of the child and/or of the school. |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that the educational consultant may visit my child's classroom during the school year for observations. |
| <input type="checkbox"/> | <input type="checkbox"/> | I grant permission for my child to rest/sleep on a mat. |
| <input type="checkbox"/> | <input type="checkbox"/> | I grant permission for my emails and phone numbers to appear in a class directory. |
-

Health and Food Permissions

- | Agree | Decline | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I grant permission for preschool staff to seek medical care for my child. I understand that all costs incurred will be my responsibility. |
| <input type="checkbox"/> | <input type="checkbox"/> | I agree that if my child is not healthy or well enough to participate in all activities, I will not bring him/her to school (e.g., no fever of 100+ degrees, no vomiting or diarrhea for at least 24 hours). Children who come to school sick or become sick at school will be sent home to rest for at least 24 hours. |
| <input type="checkbox"/> | <input type="checkbox"/> | I grant permission for my child's name and allergy to be on the allergy list which will be posted in every room of the preschool. |
| <input type="checkbox"/> | <input type="checkbox"/> | I grant permission for my child to eat age-appropriate snacks and food served by teachers in class. |

Financial Agreement

Agree

- I agree to pay my monthly tuition rate in full each month as billed.
- I understand if my account is past due for 60 days, my child cannot return to school until my account is current.
- If I make changes to my child's schedule after this application is submitted, I will be charged a \$20 change fee.
- If I need to withdraw my child from the preschool, I will give the office 30 days notice or be charged for the month after my withdrawal.
- If I do withdraw my child after June 1st, I will be charged two months tuition.
- I agree to pay the monthly security fee of \$60 (not to exceed \$100/family).
- I agree to pay any and all collection costs if my account becomes delinquent.
- BMH-BJ Preschool charges \$15.00/hour for drop-in care; If I use this service, I agree to pay the charges that will be added to my monthly bill.
- I agree to pay my prorated August 2024 tuition by June 28, 2024. (More information about this will come in the Spring.)

Please sign/date to indicate agreement with the above programmatic, health, and financial terms.

Signature

Date

Printed Name

BMH-BJ Preschool offers families three ways to pay their bill. Which would you prefer?

- Automatic charge through Rapid Tuition on the 25th of the month for the next month's tuition.
- Automatic charge through Rapid Tuition on the 15th of the month for the current month's tuition.
- I will pay by check, cash, or credit card in the office by the 15th of the month for the current month's tuition.

Would you like us to add the registration fee to next month's bill? Yes No

Note: There is a non-refundable registration fee of \$175 for the first child and \$50 for each additional child due to the office to hold your spot for the 2024-25 school year.

A 3% fee will be assessed on any credit card transaction.

Supplemental Information

Has your child attended another school? Yes No

If yes, please provide the school's name, telephone, years attended, and reason for leaving.

What are you looking for in a school? Please share any other information that you'd like us to know below.

Is there anything else you'd like us to know? _____
