

# 2025-2026 Registration Form



Child's Full Name \_\_\_\_\_

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

Nursery 6 weeks - 12 months	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	\$860	\$1015	\$1250	\$1470	\$2055	\$2415

One Year Olds 13-24 months by 10/01/2025	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	\$390	\$455	\$575	\$680	\$945	\$1110
9 am - 3 pm	\$605	\$710	\$895	\$1050	\$1430	\$1680

Twos, Threes, and Pre-K 2, 3, or 4 years old by 10/01/2025	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	\$380	\$440	\$575	\$672	\$930	\$1090
9 am - 3 pm	\$595	\$700	\$890	\$1045	\$1420	\$1670

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	\$102	\$137	\$205
8 am - 9 am	\$91	\$117	\$173
3 pm - 4 pm	\$91	\$122	\$173
3 pm - 5 pm	\$102	\$137	\$205
3 pm - 6 pm (4 pm on Fridays)	\$116	\$142	\$220

**Note:** A monthly security fee of \$80 per child (to not exceed \$120 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, 2025.

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

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### 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 \_\_\_\_\_

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## 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 \_\_\_\_\_

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## 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 anyone who is NOT PERMITTED to pick your child up?**  Yes  No

If yes, please provide their name(s): \_\_\_\_\_

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## 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:

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

## Immunizations

We require all children at BMH-BJ to be immunized and that we receive a record of current immunizations in order for your child to attend BMH-BJ Preschool. Immunization records must be submitted prior to the first day of school.

Are your child's immunization records up to date and will you provide them to us prior to your child starting the 2025-2026 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 and administrative 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/social media).  |
| <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.  |

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### 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 and Administrative Agreements

### 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 \$80 (not to exceed \$120/family).
- I agree to pay any and all collection costs if my account becomes delinquent.
- BMH-BJ Preschool charges \$20.00/hour for drop-in care; If I use this service, I agree to pay the charges that will be added to my monthly bill.
- BMH-BJ Preschool processes an automatic charge through Rapid Tuition on the 15th of the month for the current month's tuition. I will fill out the Tuition Express form attached to this application. If I select to use a credit card, I will be assessed a 3% processing fee.
- I will communicate with teachers and administrators in a respectful and appropriate manner at all times

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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 2025-2026 school year.*

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### 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.

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

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

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