

2026-2027 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 10/01/2026 | 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 10/01/2026 | 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, 2027.

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 ☐ No, but interested! Contact Executive

Director, Ilene Rosen at director@bmh-bj.org

Do you have any other synagogue affiliations? ☐ 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 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

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 2026-2027 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. |
| <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 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 2026-2027 school year.

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?
