

High Holy Days Babysitting and Children's Programming

BABYSITTING (6-36 months)

Trust your little ones to our professional babysitting staff. BMH-BJ Preschool's very own quality childcare providers will ensure that your infants and toddlers are well-cared for while you enjoy our services and learning programs. Children will be put in age appropriate groups depending on registration numbers. Snacks will not be provided for infants, but will be available for toddlers along with Yom Kippur lunch.

CHILDREN'S PROGRAM (3 years-6th grade)

With a team of dynamic teachers and teen assistants, your children will explore the holidays through games, stories, creative activities, and student-oriented prayer sessions. We even provide a student shofar blowing experience (not on Shabbat). Snacks and lunch on Yom Kippur will be provided for all participants. Younger students will also enjoy playground time (weather-permitting).

SAVE NOW by signing up for all five sessions at a discounted price...

Register <u>BEFORE Sunday, August 15</u> and pay: \$54.00 - first child \$50.00 - each additional sibling	Register <u>AFTER Sunday, August 15</u> and pay: \$60.00 - first child \$55.00 - each additional sibling
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If you prefer to sign up for individual sessions, please refer to our pricing below.

<u>DATES</u>	<u>SESSION TIMES</u>	<u>INDIVIDUAL SESSIONS</u>
Rosh Hashanah 1 (Thursday, September 9)	9:45 am – 1:00 pm	\$13.00/child
Rosh Hashanah 2 (Friday, September 10)	9:45 am – 1:00 pm	\$13.00/child
Kol Nidre (Friday Night, September 17)	6:15 – 9:00 pm	\$11.00/child
Yom Kippur Day (Saturday, September 18)	9:45 am – 2:00 pm	\$17.00/child
Neilah (Saturday Night, September 18)	4:15 pm – 7:45 pm	\$10.00/child

In order to prepare exceptional learning programs and to ensure your child(ren)'s safety, we request that all participants register IN ADVANCE (by Tuesday, August 31)!

Parent(s)/Guardian(s) Name: _____

Phone (Home): _____ E-Mail: _____

(Cell): _____ Seating: ___ Main Sanctuary ___ Sha'arei Simcha

Child's Full Name	Age	Grade	R.H. 1	R.H. 2	K.N.	Y.K.	Neilah	TOTAL COST
							TOTAL	

Allergies or Medical Concerns: _____

I hereby authorize the staff at BMH-BJ Congregation to care for the above listed child(ren) to the best of its ability and I understand that I need to remain on the premise while my child(ren) is/are enrolled in this program in case of an emergency.

Parent/Guardian signature: _____

Visa • Mastercard • Discover # _____ Exp. Date _____ 3 digit code on back _____

Signature _____

Make check(s) payable to **BMH-BJ Congregation**.

Return form to **BMH-BJ's FRONT OFFICE**

Or mail to: 560 S. Monaco Pkwy, Denver, CO 80224

Phone: 303-388-4203 • Fax: 303-388-4210

Parents must be in the building for the child(ren) to be registered in the program!