

# BMH-BJ HIGH HOLIDAY BABYSITTING AND CHILDREN'S PROGRAMMING

**BABYSITTING (4-18 months and 18-36 months)** Our Preschool's quality childcare providers will ensure that your children are well-cared for while you enjoy High Holiday services and programs, napping is part of this program. Children will attend age appropriate groups depending on development. 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)** High Holiday games, stories, creative activities, and student-oriented prayer sessions. A student shofar blowing experience will be provided. Snacks and lunch on Yom Kippur will be available to all participants. Younger students will also enjoy outdoor playground time (weather-permitting).

**Sign up for all five sessions at a discounted rate...**

Register <b><u>BEFORE Monday, September 3</u></b> \$54—first child \$50—each additional sibling	Register <b><u>AFTER Monday, September 3</u></b> \$60—first child \$55 each additional sibling
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Individual sessions: refer to the rates below.

<u>DATES</u>	<u>SESSION TIMES</u>	<u>INDIVIDUAL SESSIONS</u>
<b>Rosh Hashanah 1</b> (Monday, September 17)	9:45 am—1:00 pm	\$13.00/child
<b>Rosh Hashanah 2</b> (Tuesday, September 18)	9:45 pm —1:00 pm	\$13.00/child
<b>Kol Nidre</b> (Tuesday Night, September 25)	6:15 pm—9:00 pm	\$11.00/child
<b>Yom Kippur Day</b> (Wednesday, September 26)	9:45am—2:45 pm	\$17.00/child
<b>Neilah</b> (Wednesday Night, September 26)	3:15 pm—7:35 pm	\$10.00/child

**Please - Register EARLY!**

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

Allergies or Medical Concerns: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ E-Mail: \_\_\_\_\_

(Cell): \_\_\_\_\_ Seating:  Sanctuary  Sha'arei Simcha

I hereby authorize the staff at BMH-BJ Congregation to care for the above listed child(ren).  
 I understand that I must remain on the premises while my child(ren) is/are enrolled in this program.  
 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 the **Shabbat FUNdamental's office** or mail to: 560 S. Monaco Pkwy., Denver CO 80224

Phone: 303-951-8231 · Fax: 303-388-4210

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