



For Office Use ONLY	
App Fee Rcvd	_____
Start Date	_____
Class Placed	_____
Days	_____
Guarantee Rcvd	_____

Beth Ami Community Nursery School

4676 Mayette Avenue, Santa Rosa, California 95405 • Phone (707) 360-3030
 Fax (707) 360-3031 • nsdirector@bethamir.org

APPLICATION – SUMMER 2018

Please use a separate application form for each child.
 A **\$50 application fee** is required with each submitted form.
 Checks should be made payable to BACNS.

Confirmation of acceptance will be made by email.
 Please return this form and application fee to BACNS
 at the address above **by May 14, 2018.**

Child's Full Name _____ Birth date: _____

Current Class _____ Gender(circle): Male Female

Street Address _____ City _____ Zip _____

Parent #1 Name (Primary contact): _____

Phone Number: _____ E-mail: _____

Parent #2 Name (Secondary contact): _____

Phone Number: _____ E-mail: _____

Summer Session Dates and Information

- Summer is broken up into four two-week sessions. Students may sign up for individual sessions or for the entire summer.
- Students will stay in the same class they were in during the previous school year, except that the four's may merge into one class.
- Shorashim will have a longer day in preparation for next year. They will end at 12:30 p.m
- We cannot offer make-up days or refunds due to absences or vacations.
- School will be closed for one week (for teacher clean-up week) in between the last day of school and the first day of summer, and for two weeks after summer session (for classroom deep cleanings and teacher set up week). Please let us know if we can help connect you with other families to coordinate child care during those weeks.
- Due date to DROP days/hours:** 5/15 (for sessions 1&2); 6/15 (for sessions 3&4)

Session #	Session Start Date	Session End Date
Session 1	Monday, 6/11	Friday 6/22
Session 2	Monday, 6/25	Friday, 7/6 (Closed on 7/4)
Session 3	Monday, 7/9	Friday, 7/20
Session 4	Monday, 7/23	Friday, 8/3

Requested Schedule

1. For each session, please check the CORE days you'd like to sign up for.
2. If you need extended care, please write the desired drop-off time and pick-up times in the appropriate boxes on the days needed.
3. Please note: CORE School day hours are **9-12:30 for Shorashim**, and 9-1 for all other classes.

SESSION 1	Monday	Tuesday	Wednesday	Thursday	Friday
AM Drop-Off Time					
CORE DAYS					
PM Pick-Up Time					

SESSION 2	Monday	Tuesday	Wednesday	Thursday	Friday
AM Drop-Off Time					
CORE DAYS					
PM Pick-Up Time					

SESSION 3	Monday	Tuesday	Wednesday	Thursday	Friday
AM Drop-Off Time					
CORE DAYS					
PM Pick-Up Time					

SESSION 4	Monday	Tuesday	Wednesday	Thursday	Friday
AM Drop-Off Time					
CORE DAYS					
PM Pick-Up Time					

*Enclosed is a \$50 application fee. I understand that it is neither refundable nor applicable to tuition charges. I understand that the due dates for **DROPPING** days/times from this schedule are 5/15 for sessions 1&2 and 6/15 for sessions 3&4. After that time, I am financially responsible for the schedule I signed up for, even if I don't use it all. After those dates, I may still be able to ADD days/times if there is room.*

Signed _____ Date: _____
 (Parent or Guardian)