



For Office Use ONLY	
App Fee Rcvd	_____
Age on first day	___Y___M
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 • E-mail: nsdirector@bethamISR.org

## **ENROLLMENT APPLICATION – 2018/19 School Year**

For each child enrolling, please submit (1) this **application**,  
**(2) A \$100 application fee** (checks made out to BACNS)  
 and (3) a **photograph of your child if new to the school**.

Confirmation of acceptance will be made by mail in late April.  
 Please return this form, a photo, and application fee to  
 BACNS at the address above **by April 2, 2018**.

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

Birth date \_\_\_\_\_ Gender (circle one)      M      F

(a) **Parent #1 Name (Primary contact):** \_\_\_\_\_

(a) Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

(a) Occupation \_\_\_\_\_

(a) Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

(a) Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

(a) Please list any information above that you'd like us to exclude from the directory: \_\_\_\_\_

(b) **Parent #2 Name (Secondary contact):** \_\_\_\_\_

(b) Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

(b) Occupation \_\_\_\_\_

(b) Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

(b) Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

(b) Please list any information above that you'd like us to exclude from the directory: \_\_\_\_\_

Religious Affiliation (circle)    Jewish      Unaffiliated      Other Affiliation \_\_\_\_\_

Are you a member of a Sonoma County synagogue? \_\_\_\_\_ If so, which synagogue? \_\_\_\_\_

Person(s) Responsible for Payment \_\_\_\_\_

Address and Phone number if different from above \_\_\_\_\_

Has your child or a sibling ever been enrolled at this Nursery School? \_\_\_\_\_

If so, who and when? \_\_\_\_\_

Reason for requesting placement in this school \_\_\_\_\_

How did you hear about the Nursery School? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Pediatrician's name and phone #: \_\_\_\_\_

Has your child been placed in another school/daycare setting previously? \_\_\_\_\_

If so, where and when? \_\_\_\_\_

Is there anything else you would like to tell us about your child and/or family? \_\_\_\_\_

**Schedule Requests** (children ages 3 or older *must* enroll for a minimum of 3 days/week)

Number of days preferred (circle one):      2      3      4      5

First choice (Ex: Mon., Wed., & Fri.): \_\_\_\_\_

Second choice: \_\_\_\_\_

Age of child on the first day of school (August 20, 2018): \_\_\_\_\_

**Drop off and Pick Up Times: (Available from 7:30 a.m. to 5:30 p.m. five days a week.)**

Please fill this out to select your drop-off and pick up times. Note that they *must* be the same for each day enrolled. The bolded choices represent the start and end of the CORE day. Non-bold choices represent extended care options. **Please circle your selections**

Drop off Time:	7:30am	8:30am	<b>9:00am</b>	
Pick Up Time:	<b>1:00pm</b>	3:30pm	4:30pm	5:30pm

Will your child be napping at school?    Y    N    (child must be enrolled beyond CORE for nap)

Requested start date:  First Day of School,  Other, please specify: \_\_\_\_\_

**Placement Information:**

\* Students who are not two before the first day of school must wait until their birthday to start (per licensing requirements). If your child's birthday is after the start of school, please call the director to discuss options.

\* The class CORE day runs from 9-1. Extended care is available for all children in a mixed-age setting from 7:30-9:30am and 1:00-5:30 pm Monday-Friday.

\* Placement decisions in our four self-contained classrooms will be made by the teachers and the director. We consider many factors when making these placements, looking for the best placement for each child and the integrity and balance of each classroom group. Every effort will be made to consider such issues as individual needs, developmental levels, playmates, gender and personality balance, requests, etc. in finding the best possible placement for each child.

\*If you feel that you would like to make a specific request for class placement or have information which you feel might be helpful in the decision-making process, please write this down on a separate sheet of paper (including reasons for any specific request) and attach it to this application form.

\* Placements in specific classes, in specific schedules, and in the school are subject to our ability to meet your child's needs. If placement requires revisiting, we will be in conversation with you about it.

**Please keep in mind that final decisions as to actual placement will be made by the staff and will continue to be carefully assessed during the first several weeks of school.**

*Enclosed is a \$100 application fee. I understand that it is neither refundable nor applicable to tuition fees.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Guardian)

**Please visit our website at: [www.bethamir.org/education/nurseryschool](http://www.bethamir.org/education/nurseryschool)  
for all of your Nursery School needs.**