



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 • nsdirector@bethamir.org

ENROLLMENT APPLICATION – 2017/18 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 3, 2017**.

Child's Full Name _____

Birth date _____ Gender _____ 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 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? _____

CORE Schedule Requests: 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 21, 2017): _____

Extended Hours Needed: (Available from 7:30 a.m. to 5:30 p.m. five days a week.)

Please fill this out if extended care beyond the CORE school day is needed on any days. Schedule may be arranged by the ½ hour. The CORE school day is 9-12 for Shorashim and 9-1 for all other classes.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM Drop-Off Time	(Example: 8:30)				
PM Pick-Up Time	(Ex: 4:00)				

* Will your child be napping at school? (Note: Naps run from 1ish-3ish) _____

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

Placement Information:

* Students must turn two by November 1 to reserve a spot in the school. (Please note, students who are not two before the first day of school must wait until their birthday to start (per licensing requirements)).

* Shorashim, for our youngest students, runs from 9-12 every day. Shtilim, Anafim, and Alim run from 9-1. Extended care is available for all children in a mixed-age setting from 7:30-5:30 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.bethamisr.org/education/nurseryschool
for all of your Nursery School needs.**