



# Beth Ami Community Nursery School

4676 Mayette Avenue, Santa Rosa, California 95405 • phone (707) 360-3030 • fax (707) 360-3031

## ENROLLMENT APPLICATION

Please send a separate application form for each child.  
A \$100 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 Beth Ami  
Community Nursery School at the address above.

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

Birth date \_\_\_\_\_ Gender \_\_\_\_\_ M \_\_\_\_\_ F

(a) Parent Name \_\_\_\_\_

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

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

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

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

(a) May we add this to our school directory? Home Phone Bus. Phone Cell Phone E-Mail

(b) Parent Name \_\_\_\_\_

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

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

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

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

(b) May we add this to our school directory? Home Phone Bus. Phone Cell Phone E-Mail

Religious Affiliation Jewish 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? \_\_\_\_\_

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

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

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

Please list your preferences for the coming school year:

Twos:                    Tues. & Wed. \_\_\_\_\_                    Thur. & Fri. \_\_\_\_\_  
 Threes:                Mon. - Fri. \_\_\_\_\_                    Mon., Wed., Fri. \_\_\_\_\_                    Tues., Thur. \_\_\_\_\_  
 Fours:                Mon. - Fri. \_\_\_\_\_                    Mon., Wed., Fri. \_\_\_\_\_                    Tues., Thur. \_\_\_\_\_

Threes & Fours:      To request a customized schedule, please list desired days here: 3's \_\_\_\_\_ 4's \_\_\_\_\_  
 \_\_\_\_\_  
 (e.g., Mon., Tues., Wed., Thurs.)

Requested start date: \_\_\_\_\_

Decisions as to specific classes will be made by the teachers, 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 requests, individual needs, developmental levels, playmates, gender issues, 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 below if room or on a separate sheet of paper (including reasons for any specific request) and hand it in to the Director along with this application form.

**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 not refundable nor applicable to tuition charges.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Parent or Guardian)

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