



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

ENROLLMENT APPLICATION – 2015/16 School Year

Please send a separate application form for each child.
A \$100 application fee is required with each application.
 Checks should be made payable to BACNS.

Confirmation of acceptance will be made by mail.
 Please return this form and application fee to BACNS
 at the address above **by April 1, 2015.**

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

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

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? _____

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 mark your preferences for the coming school year:

* Two's Class age requirements: Students must turn two by November 1 to reserve a spot in the two's class. (Please note, students who are not two before the first day of school must wait until their birthday to start (per licensing). In order to hold the spot, tuition will not be discounted for the late start date).

* Three's Class: Students must turn three by November 1 to enroll in the three's class

* Four's Class: Students must turn four by November 1 to enroll in the four's class.

Age/Class: 2's _____ 3's _____ 4's _____

Schedule: 5 days (M-F): _____ 3 days (M/W/F): _____ 2 days (T/Th): _____

Choose any 4 days: _____

On a limited basis, we may be able to accommodate a modified schedule. Please speak with the director, Jenny Levine-Smith, before filling out the above requests if your schedule requires special consideration.

Extended Hours Needed: (Starting at 7:30 a.m. and ending at 5:30 p.m.)

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 the two's and 9-1 for the three's and four's.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM Drop-Off Time					
PM Pick-Up Time					

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

Placement decisions 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 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 on a separate sheet of paper (including reasons for any specific request) and attach it to 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 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.**