

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@bethamisr.org

## **ENROLLMENT APPLICATION – 2016/17 School Year**

For each child enrolling, please submit (1) this <u>application</u>, (2) A \$100 application fee (checks made out to BACNS) and (3) a <u>photograph of your child</u>.

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 4, 2016.** 

Child's Full Name							
Birth date	Gender	M	F				
(a) Parent #1 Name (Primary contact)	<b>)</b> :						
(a) Street Address		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 <u>exclude</u> from the directory:							
(b) Parent #2 Name (Secondary contact):							
(b) Street Address	City	Zip					
(b) Occupation							
(b) Home Phone	b) Home PhoneBus. Phone						
(b) Cell PhoneE-Mail Address							
(b) Please list any information above that you'd like us to <u>exclude</u> from the directory:							
Religious Affiliation Jewish	Unaffiliated Other Aff	iliation					
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	s school						
How did you hear about the Nursery So	chool?						

* Two's Class a class. (Please r start (per licens * Three's Class	note, students who ling). In order to ho Students must tu	Students must turn are not two before ld the spot, tuition rn three by Novem	hool year:  I two by November  I the first day of sch will not be discoun  I to enroll in the  I to enroll in the f	nool must wait unt ted for the late sta e three's class	il their birthday to	
Age/Class:	2's 3's _	4's	_			
Schedule:	Number of days p	referred (circle one	e): 2 3	4 5		
First choice:	(Ex: Mon., Wed., & Fri.)					
Second choice:						
Extended Hou Please fill this of	ling needs.  rs Needed: (Start out if extended care	ing at 7:30 a.m. are beyond the COR	if there's anything  nd ending at 5:30  E school day is need as 9-12 for the two's	<b>p.m.)</b> eded on any days.	. Schedule may	
	Monday	Tuesday	Wednesday	Thursday	Friday	
AM Drop-Off Time						
PM Pick-Up Time						
* Please n	ote that your child'	s schedule may be	e revisited so that w	e can best meet y	our child's needs	
Requested star	t date:	y of School, $\square$ Oth	ner, please specify:			
making these p each classroom developmental If you feel that y you feel might b paper (including Please keep in	lacements, looking a group. Every effor levels, playmates, you would like to move helpful in the degreasons for any something that final designation.	g for the best place rt will be made to o gender issues, etc nake a specific requesion-making pro- specific request) ar ecisions as to ac	nd the director. We ment for each child consider such issued in finding the besuest for class place cess, please write the attach it to this attach placement wit several weeks or	and the integrity as as requests, income possible placement or have informable down on a sepapplication form.	and balance of dividual needs, ent for each child ormation which parate sheet of	
Enclosed is a \$	100 application fee	e. I understand tha	t it is neither refund	lable nor applicab	le to tuition fees.	

Please visit our website at: www.bethamisr.org/education/nurseryschool for all of your Nursery School needs.

(Parent or Guardian)

Date:

Signed:\_