



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

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 _____

Is/Are one or both parents Jewish? _____ Are you a member of a Sonoma County synagogue? _____

If so, which synagogue? _____

Person(s) Responsible for Payment _____

Address and Phone Number(s) if different than 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 see other side)

A school of Congregation Beth Ami and a grantee of the
Jewish Community Federation of San Francisco, the Peninsula, Marin and Sonoma Counties

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:

(e.g., Mon., 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.

Important fundraising information: Each child's family is responsible for full participation in an annual fundraiser to be determined (i.e. silent appeal, fundraiser event, etc.) which could incur an additional fee of up to \$250 per child, per year. We rely on your support to keep our ratios low and class sizes small. Thank you in advance for your support.

Enclosed is a \$100 application fee. I understand that it is neither non-refundable nor applicable to tuition charges.

Signed: _____ Date: _____
(Parent or Guardian)

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