



|                     |       |
|---------------------|-------|
| For Office Use ONLY |       |
| App Fee Rcvd        | _____ |
| Guarantee Rcvd      | _____ |
| Class Placed        | _____ |
| Days                | _____ |
| Start Date          | _____ |

# Beth Ami Community Nursery School

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

## ENROLLMENT APPLICATION

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 communications list?  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 communications list?  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, 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

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 (for Threes and Fours) 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 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.**

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

*Enclose a \$100 application fee for each student. This is non-refundable nor applicable to tuition charges.*

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