Temple Beth Ami Nursery School Application

Welcome to Temple Beth Ami Nursery School (TBANS). Thank you for your interest in our classes. In order to register your child to attend, please complete this form and return it to TBANS: 14330 Travilah Road, Rockville, MD 20850; or Fax: 301-610-5827; or Email: jaf@bethami.org. Once processed, you will receive an email invitation with your username and password to log into "Chaverweb" to register for school.

Name of child:		_ Gender: M F DOB (MM/DD/YEAR):
Class Choice:F	Kangaroo,3 day Bet,4 day Bet,	5 day Bet, 4 day Gimel,	5 day Gimel, Dalet
ADULT 1 (as listed on legal documents)		ADULT 2 (if applicable and as listed on legal documents)	
LAST NAME		LAST NAME	
MR/MRS/MS/DR/other		MR/MRS/MS/DR/other	
FIRST NAME		FIRST NAME	
NICKNAME		NICKNAME	
DATE OF BIRTH (M/D/Y)		DATE OF BIRTH (M/D/Y)	
HOME ADDRESS		HOME ADDRESS	
HOME NUMBER		HOME NUMBER	
CELL NUMBER		CELL NUMBER	
PREFERRED EMAIL FOR ALL TEMPLE NOTIFICATIONS:		EMAIL ADDRESS	
OCCUPATION		OCCUPATION	
EMPLOYER		EMPLOYER	
BUSINESS ADDRESS		BUSINESS ADDRESS	
BUSINESS PHONE		BUSINESS PHONE	
Please complete the	e following information for any other childre	en living in the home:	
Name:	Hebrew Name (if applicable)	Birth date	School/grade (if applicable)
Printed name of person completing form		Date completing form	
Signature of persor	n completing form		

Within 2 business days or receipt of this form, you will receive an email from DoNotReply@Chaverweb.net with your username and password to log into our online registration system. In order to register your child for school, you must complete this process. See "Registration Instructions" for directions.