Temple Beth Ami Nursery School Application

Welcome to Temple Beth Ami Nursery School (TBANS). Thank you for your interest in our program. 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 (N	MM/DD/YEAR):_			
Class Choice:	Bets to Be,Kangaroo, _	3 day Bet,	_ 4 day Bet,	5 day Bet,	_ 4 day Gimel, _	5 day Gimel,	_ Dalet	
ADULT 1 (as liste	d on legal documents)		<u>AD</u>	<u>ULT 2</u> (if applica	able and as listed on	legal documents)		
LAST NAME			LAS	ST NAME				
MR/MRS/MS/DR/other			MR	MR/MRS/MS/DR/other				
FIRST NAME			FIR	FIRST NAME				
NICKNAME			NIC	KNAME				
DATE OF BIRTH (M/D/Y)			DATE OF BIRTH (M/D/Y)					
HOME ADDRESS		HOME ADDRESS						
HOME NUMBER_			HOI	ME NUMBER				
CELL NUMBER		CEI	CELL NUMBER					
PREFERRED EMAIL FOR ALL TEMPLE NOTIFICATIONS:		IONS:	EM	EMAIL ADDRESS				
OCCUPATION			OCC	OCCUPATION				
EMPLOYER			EM	EMPLOYER				
BUSINESS ADDRESS		BUS	BUSINESS ADDRESS					
BUSINESS PHONE			BUSINESS PHONE					
Please complete	the following information for	any other childr	en living in the	e home:				
Name:	Hebrew Name (if app	<u>licable)</u>	<u>Birth</u>	date	School/grad	e (if applicable)		
Drinted name of	navon completing form			Do	ata assumpting for			
Printed name of person completing form				Date completing form				
Signature of pers	son completing form							

Within 2 business days or receipt of this form, you will receive an email from <u>DoNotReply@Chaverweb.net</u> 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.