

Gan Ami Early Childhood Class Application

Welcome! Thank you for your interest in our school. In order to register your child to attend, please complete this form and return it to Gan Ami, 14330 Travilah Road, Rockville, MD 20850 or email it to Paula Sayag, PLS@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: ___ 3-day Bet, ___ 4-day Bet. ___ 5-day Bet, ___ 4-day Gimel, ___ 5-day Gimel, ___ Dalet

ADULT 1 (as listed on legal documents)

LAST NAME _____

MR/MRS/MS/DR/other _____

FIRST NAME _____

NICKNAME _____

DATE OF BIRTH (M/D/Y) _____

HOME ADDRESS _____

HOME NUMBER _____

CELL NUMBER _____

PREFERRED EMAIL FOR ALL TEMPLE NOTIFICATIONS:

OCCUPATION _____

EMPLOYER _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____

ADULT 2 (if applicable and as listed on legal documents)

LAST NAME _____

MR/MRS/MS/DR/other _____

FIRST NAME _____

NICKNAME _____

DATE OF BIRTH (M/D/Y) _____

HOME ADDRESS _____

HOME NUMBER _____

CELL NUMBER _____

EMAIL ADDRESS _____

OCCUPATION _____

EMPLOYER _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____

Please complete the following information for any other children 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 person 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.