

BERTHA AGOR MEMORIAL NURSERY SCHOOL, INC.

Fairport, New York, 14450

www.bamns.org

Dear Parents:

Thank you for your interest in Bertha Agor Memorial Nursery School. Attached below are a Registration Application and a Tuition Agreement. **Please mail this signed form with a \$50.00 registration check, payable to BAMNS to: Ginger Field, Registrar, 135 Brentwood Lane, Fairport, New York, 14450.** This fee is non-refundable.

Applications will be processed **in the order in which they are received**. Families who have had children in the school previously will have preference until **January 15th**. If there is an opening for your child, you will receive written confirmation of enrollment after February 1st.

Tuition rates can be found below in the tuition agreement area. **This may be paid by the year, semester, quarter or month and instructions for payment will be mailed to you in August.** We require thirty (30) days notice if it becomes necessary to withdraw your child.

-----please detach and return lower portion with payment-----

2016-2017 REGISTRATION APPLICATION

Child's Name _____ boy ___/girl ___
 First* Last
 *Name you wish your child to be called in school

Birth date (month, day, year) _____ **Email address** _____

Have you had or do you currently have a child in this school? _____

How did you hear about us? Sign? _____ **AD?** _____ **friend?** _____ **how else?** _____

<u>For Four-year Olds (please check):</u>	<u>For Three-year Olds (please check):</u>
_____ M W F (traditional 3 day class)	_____ M W
_____ M W F (traditional) + T TH enrichment program (limited space)	_____ T TH

I wish to register my child in Bertha Agor Memorial Nursery School.

Parents names: _____ **phone:** _____

Address: _____

TUITION AGREEMENT

*****PLEASE CHECK PROGRAM AND SIGN BELOW*****

Tuition Obligation for:

Child's full name: _____

___ If my child is enrolled in the 2-day program, I agree to pay \$96/mo for a total tuition of \$864.00.

___ If my child is enrolled in the 3-day program, I agree to pay \$144/mo for a total tuition of \$1,296.00.

___ If my child is enrolled in the 5-day program, I agree to pay \$231/mo for a total tuition of \$2,079.00.

Signature of parent/guardian: _____ **date:** _____