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, <u>payable to BAMNS</u> 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. The month and instructions for payment will be mailed to you in A becomes necessary to withdraw your child.	
please detach and return lower portion	on with payment
2017-2018 REGISTRATION APPLICATION	
Child's Name First* *Name you wish your child to be called in s	Last chool
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?	
now the you hear about us. SignAD	
For Four-year Olds (please check):	For Three-year Olds (please check):
M W F (traditional 3 day class)	M W
M W F (traditional) + T TH enrichment progr (limited space)	ram T TH
I wish to register my child in Bertha Agor Memorial Nursel Parents names:	phone:
TUITION AGREEMENT	
***PLEASE CHECK PROGRAM A Tuition Obligation for: Child's full name:	
If my child is enrolled in the 2-day program, I agree to pay	\$98/mo for a total tuition of \$882.00.
If my child is enrolled in the 3-day program, I agree to pay \$147/mo for a total tuition of \$1,323.00.	
If my child is enrolled in the 5-day program, I agree to pay \$236/mo for a total tuition of \$2,124.00.	

_date:_____

Signature of parent/guardian: ______