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----------

2018-2019 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?_____

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 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 $102/mo for a total tuition of $918.00.

___If my child is enrolled in the 3-day program, I agree to pay $153/mo for a total tuition of $1,377.00.

___If my child is enrolled in the 5-day program, I agree to pay $246/mo for a total tuition of $2,214.00.

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