**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----------**

## 2020-2021 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 $110/mo for a total tuition of $990.00.**

**___If my child is enrolled in the 3-day program, I agree to pay $165/mo for a total tuition of $1,485.00.**

**___If my child is enrolled in the 5-day program, I agree to pay $266/mo for a total tuition of $2,394.00.**

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