BERTHA AGOR MEMORIAL NURSERY SCHOOL, INC.
Fairport, New York, 14450

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 $30.00 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 **December 15th**. If there is an opening for your child, you will receive written confirmation of enrollment after January 1st.

Tuition will be $1080 per year for the three-day program and $720 for the two-day program. 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----------

REGISTRATION APPLICATION

Child's Name _____ _____
First* **Last**

***Name your child will learn to recognize and print in "kindergarten letters"**

Birth date (month, day, year) _____ Email address _____
Have you had or do you currently have a child in this school? _____
If not, how were you referred to Bertha Agor? _____

For Four-year Olds (please check):	For Three-year Olds (please check):
2 days _____ (TU/THR) morning class	MON/WED morning class _____
3 days _____ (M W F) morning class	TU/THR morning class _____

I wish to register my child in Bertha Agor Memorial Nursery School.
Signature of Parent/Guardian: _____date:_____
Mr. and Mrs. _____phone:_____
Address: _____

TUITION AGREEMENT

****PLEASE SIGN ONE BELOW****

Tuition Obligation for:
Child's full name: _____

If my child is accepted for the 2010-2011 school year 3-day program, I agree to pay tuition of $1080 per year, which may be paid by the year, semester, quarter or month.
Signature of parent/guardian: _____

If my child is accepted for the 2010-2011 school year 2-day program, I agree to pay tuition of $720 per year, which may be paid by the year, semester, quarter or month.
Signature of parent/guardian: _____