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 if we are able to place your child.

Applications will be dated and processed **in the order in which they are received**. Families who have had children in the school previously will have priority placement until **January 20th** at which time open enrollment for all families will begin. If there is an opening for your child, you will receive written confirmation of enrollment.

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----------

2023-2024 REGISTRATION APPLICATION

Child's name _____ _____ **Child's gender** ____
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?**_____**Other?**_____

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 $150/mo for a total tuition of $1,350.00.

___If my child is enrolled in the 3-day program, I agree to pay $225/mo for a total tuition of $2,025.00.

___If my child is enrolled in the 5-day program, I agree to pay $350/mo for a total tuition of $3,150.00.

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