



**Bertha Agor Memorial Nursery School, Inc**  
**2025-2026**  
**Registration/Enrollment Form**

Dear Parents:

Thank you for your interest in Bertha Agor Memorial Nursery School. Please fill out the Registration Application below – note there are **two pages** to this document. **Please mail this completed 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 can place your child.

Applications will be processed in the order in which they are received. Families who have had children in the school previously will have priority placement until **December 16<sup>th</sup>**, 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.

**2025 - 2026 REGISTRATION APPLICATION**

**Child's Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**DOB:** \_\_\_/\_\_\_/\_\_\_ **Child's Gender** \_\_\_\_\_

**Parent/Guardian 1:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Have you had a child attend or currently have a child that attends BAMNS?** Y \_\_\_ N \_\_\_

**PLEASE CHECK THE BOX FOR THE CLASS YOU ARE REGISTERING YOUR CHILD FOR:**

Select 3's program	Class	Price – Monthly/Annually	Days
	3's – 2 days	\$185/\$1665	Monday/Wednesday
	3's – 2 days	\$185/\$1665	Tuesday/Thursday
	3's – 3 days*	\$215/\$1935	Monday/Wednesday/Friday
	3's – 3 days*	\$215/\$1935	Tuesday/Thursday/Friday

\*3-day 3's class must have a minimum of 6 students to run the class. If the minimum is not met, your child will default to the 2-day class.

Select 4's program	Class	Price – Monthly/Annually	Days
	4's – 3 days	\$237/\$2133	Monday/Wednesday/Friday
	4's – 5 days*	\$360/\$3240	Monday thru Friday

\*5-day 4's class includes a T/Th enrichment class and has a maximum of 12 students.

**4's ONLY: Are you entering the lottery for UPK:** Yes \_\_\_ No \_\_\_

**My signature acknowledges my understanding and agreeing to the above information:**

**Child's Name:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Bertha Agor Memorial Nursery School admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions and other school-administered programs.**