

**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 preference with registration forms post marked no later than **January 20th.** Open enrollment for new families will begin **January 24th.** 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-----

**2022-2023 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?** \_\_\_\_\_

<b>For Four-year Olds (please check):</b>	<b>For Three-year Olds (please check):</b>
_____ 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 \$126/mo for a total tuition of \$1,134.00.**

\_\_\_ **If my child is enrolled in the 3-day program, I agree to pay \$189/mo for a total tuition of \$1,701.00.**

\_\_\_ **If my child is enrolled in the 5-day program, I agree to pay \$315/mo for a total tuition of \$2,835.00.**

**Signature of parent/guardian:** \_\_\_\_\_ **date:** \_\_\_\_\_