

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 dated and processed in the order in which they are received. **Please note**, families who were enrolled or waitlisted this school year, 2020-2021, will have until **January 31** for preferential placement. Open enrollment will begin **February 1**. If there is an opening for your child, you will receive written confirmation of enrollment by late February.

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-----

2021-2022 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?** _____ **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 \$120/mo for a total tuition of \$1080.00.**

___ **If my child is enrolled in the 3-day program, I agree to pay \$180/mo for a total tuition of \$1,620.00.**

___ **If my child is enrolled in the 5-day program, I agree to pay \$300/mo for a total tuition of \$2,700.00.**

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