



B.N.S.

17 West Genesee Street

Baldwinsville, NY 13027

(315) 635-5723

baldwinsvillenurseryschool@gmail.com

Tax ID: 16-096-8353

Receipt of Payment

_____, 20____ (< date)

To whom it may concern,

_____ (< child's name) is enrolled in a Preschool program at Baldwinville Nursery School for the 2024-2025 school year.

Payment in the total amount of _____ has been received by the school for his/her tuition.

Respectfully,

X _____

Bethany Denniston

Program Director

Baldwinsville Nursery School