

2024-2025 B.N.S. Registration Form



Child's Name _____ Male ___ Female ___ Date of Birth: _____ (month, day, year)

What name would you like us to use on his/her name tag, coat hook, cubby, sitting spot, etc.? _____

Allergies: _____ **Special Health conditions (i.e. asthma, diabetes, etc):** _____

Name of Mother/Guardian _____

Name of Father/Guardian _____

Email address: _____

Email address: _____

Postal Mailing Address _____

Postal Mailing Address _____

Phone numbers – please list in order of “reachability” during the time period your child will be in our care @ B.N.S.

1) Phone Number: _____ (Who? _____) 3) Phone Number: _____ (Who? _____)

2) Phone Number: _____ (Who? _____) 4) Phone Number: _____ (Who? _____)

What is your home school district? (circle one →) Baldwinsville Liverpool Phoenix Cato-Meridian Other (please name): _____

How did you hear about BNS? Website ___ Social Media ___ Sign out front ___ Friend/Family member ___ OTHER: _____

Has your child ever received any *special needs* intervention services (Speech, OT, PT, SEIT)? Yes No (←circle one)

Is your child currently receiving any *special needs* intervention services (Speech, OT, PT, SEIT)? Yes No (←circle one)

If you answered yes to either of the above, please give further information (i.e. what are/were the services, how often received, names of therapists?): _____

Potty Training: 2-year-old program students – not expected. Always send your child in a clean, dry diaper
3-year-old program students - a plus, but not a must (should be in the process during this year, let us know how we can help you)
4-year-old program students - are expected to use the toilet independently (with occasional exceptions due to special needs)

Scholarships Available: BNS is able to provide scholarships to students in need of financial assistance. This is due to fundraising and donations from the community. In order to qualify, your family must be eligible for Free or Reduced Lunch as determined by NYS Dept. of Educ. Registration must be complete to be considered for scholarship. Copies of most recent tax forms are required to apply.

Over →

Place a check mark next to the class in which you wish to register your child. Indicate your choice of payment option by filling out blanks in the box below.

A.M. 2-year-old classes (select one)

Meets 1 day per week-9:15-11:15

___ Friday, Little Stars

Annual Tuition; \$825.00

*Ten payments of \$82.50 or Three payments of \$275

Meets 2 days/week 9:15-11:15

___ Tues/Thurs, Little Lightning Bolts OR ___ Mon/Wed, Little Comets

Annual Tuition; \$1650.00

*Ten payments of \$165.00 or Three payments of \$550.00

qualification: must turn 2 by December 1, 2024

A.M. 3-year-old classes (select one)

Meets 3 days/week 9:00-11:30

___ Mondays, Wednesdays & Fridays Rainbow Room

Annual Tuition; \$2000.00

*Ten payments of \$200.00 or Three payments of \$666.67

qualification: must turn 3 by December 1, 2024

Meets 2 days/week 9:00-11:30

___ Tuesdays & Thursdays Sky Room

Annual Tuition; \$1500.00

*Ten payments of \$150.00 or Three payments of \$500.00

qualification: must turn 3 by December 1, 2024

Note: more class sessions!



(Compare to other private preschool programs)

A.M. 3 & 4-year-old class

Meets 4 days/week 9:10 -11:50

___ Monday-Thursday, Seashore Room

Annual Tuition; \$2600.00

*Ten payments of \$260.00 or Three payments of \$866.67

This is a blended class for older 3 year olds wanting a bit more time at school or any 4 year old

qualification: Must turn 3 by July 1, 2024

A.M. 4-year-old class

Meets 5 days/week 8:45-11:40

___ Monday - Friday, Sunshine Room

Annual Tuition; \$2900.00

*Ten payments of \$290.00 or Three payments of \$966.67

qualification: must turn 4 by December 1, 2024

Choose 1: **Ten Payment Plan** due the 15th of every month July thru April or **Three Payment Plan** due the 15th of July, November & March only or **Annual Plan** paid in full July 15th. Which payment plan do you choose? _____

Choose 1: We accept checks or VENMO (@BNS2018).

Which payment method do you choose? _____

This section is mandatory. Be sure you have indicated a choice for BOTH OF THE ABOVE.

To ensure that your child is registered for the above class, complete both sides of this form in legible print and return it with a registration fee of \$60.00 as soon as possible. Registration is not activated without fee.

The purpose of the registration fee is to demonstrate your level of commitment to your choice of BNS. Please understand that it is a non-refundable fee – no exceptions. Checks or Venmo are acceptable forms of payment. Please make checks payable to B.N.S. and drop off or mail to Baldwinsville Nursery School, 17 West Genesee St. Baldwinsville, NY 13027. Class slots will be filled on a first-come/first-served basis.

Questions: baldwinsvillenurseryschool@gmail.com or (315) 635-5723

Thank you for considering BNS for your child's preschool!