Child's Name		Male	Female	Date of Birth:	(month, day, year)	
Name the child is called r	most often (i.e. what should his/h	ner name ta	g ,coat hook, c	ubby, etc. say?):		
Allergies Health condi			litions (i.e. asthma, diabetes):			
If your child received or i	receives any special needs interv	ention serv	vices, please list	t:		
Mother/Guardian			Father/Guardian			
Email address:			Email address:			
				ress		
	Phone 2:			Phone 2:		
Phone 3:	(list in order of "reachability")		Phone 3:	(list in order of '	"reachability")	
		_				

## Please place a check mark next to the class you wish to register for

SUNSHINE CLASS
MOON BEAM CLASS
Mon, Tues, Wed, Thur. AM 4 year old Class
8:45-11:15 (4 days per week)
Annual Tuition: \$1,630.00
Monthly Tuition: \$163.00
Monthly Tuition: \$138.00

STAR CLASS
3/4 year old transition class
Tues., Wed., Thurs. 12:30-3:00
Annual Tuition: \$1,380.00
Monthly Tuition: \$1,380.00
Monthly Tuition: \$138.00
Monthly Tuition: \$138.00

To ensure that your child is registered for the above class, complete the form in legible print and return it with a registration fee of \$50.00 as soon as possible.

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. Cash or checks are acceptable forms of payment. Please make checks payable to FUMC (First United Methodist Church) and drop off at 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 635-5723

Thank you for choosing BNS for your child's preschool! Julie

Julie Madden, Program Director