



Baldwinsville Nursery School

2017-2018 Registration Form

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

What name would you like us to use on things in the classroom (ie coat hook, treasure boxes, etc.) _____

Male _____ Female _____

Allergies _____ Health concerns or special needs _____

If your child received or receives any special needs intervention services, please list: _____

Mother/Guardian _____ Father/Guardian _____

Email address: _____ Email address: _____

Mailing Address _____ Mailing Address _____

Phone 1 : _____ Phone 2: _____ Phone 1: _____ 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

<input type="checkbox"/> Tues/Thurs AM 3 year old class	<input type="checkbox"/> Mon/Wed AM 3 year old class	<input type="checkbox"/> Tu, Wed, Thurs PM 3/4 year old class
9:00-11:30 SKY CLASS	9:00-11:30 RAINBOW CLASS	12:30-3:00 (3days/wk) STAR CLASS
2 days/week	2 days/week	qualification: must have turned 3 by June 30th, 2016
Annual Tuition; \$1,070.00	Annual Tuition; \$1,070.00	Annual Tuition \$1,380.00
Monthly Tuition \$107.00	Monthly Tuition \$107.00	Monthly Tuition \$138.00

To ensure that your child is registered for the above class, complete this 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 Madden, Program Director