



BALDWINSVILLE NURSERY SCHOOL 2026-2027 REGISTRATION APPLICATION

CHILD'S NAME _____ DATE OF BIRTH _____ M ☐ F ☐

PLEASE REGISTER MY CHILD FOR: (CHECK BOX)

Little Comets <input type="checkbox"/>	2 years old by Dec 1 st 2026	Mon & Wed	8:45-10:45AM	\$180 monthly/ \$600 trimester/ \$1800 annually
Little Lightning Bolts <input type="checkbox"/>	2 years old by Dec 1 st 2026	Tues & Thurs	8:45-10:45AM	\$180 monthly/ \$600 trimester/ \$1800 annually
Little Stars * <input type="checkbox"/>	2 years old by Dec 1 st 2026	Friday only	8:45-10:45AM	\$60 monthly/ \$200 trimester/ \$600 annually
Rainbow <input type="checkbox"/>	3 years old by Dec 1 st 2026	Mon, Wed, Fri	9:00-11:30AM	\$220 monthly/ \$ 734 trimester/ \$2200 annually
Sky <input type="checkbox"/>	3 years old by Dec 1 st 2026	Tues & Thurs	9:00-11:30AM	\$170 monthly/ \$567 trimester/ \$1700 annually
Sunshine <input type="checkbox"/>	4 years old by Dec 1 st 2026	Mon-Fri	8:50-11:40AM	\$320 monthly/ \$1067 trimester/ \$3200 annually

*Little Stars Class is an enrichment class offered for families looking for an extra day of class. This is available to older 2-year-old children who are also co-enrolled in Little Comets or Little Lightning Bolts.

To ensure that your child is registered for the above class, complete both sides of this form and return it with a registration fee of \$60.00 as soon as possible. Both must be submitted to hold a class placement.

- Registration fee (due now) and first tuition payment (due July 1) are non-refundable
- Trimester tuition payments are due July 1st, November 1st, and March 1st
- Checks or Venmo are accepted. Please send Venmo to @BNS2018 (code 3228) or make checks payable to B.N.S.
- Applications can be dropped off or mailed to Baldwinsville Nursery School, 17 West Genesee St. Baldwinsville, NY 13027 or sent via email
- Class slots will be filled on a first-come/first-serve basis.
- Waitlists are available as will be filled at BNS discretion

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

Thank you for choosing BNS!!

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Child's name: _____ Date of Birth: _____ M ☐ F ☐

Nickname (if wanted for name tag, cubby, sitting spot, etc.): _____

Allergies: _____ Special Health Conditions: _____

Child lives with: Both parents ☐ Mom ☐ Dad ☐ Guardian and/or stepparent ☐

Address: _____ Phone: _____
(Street) (City) (Zip Code)

Mother/Guardian:

Name: _____ Cell: _____ Email: _____

Father/Guardian:

Name: _____ Cell: _____ Email: _____

Relevant custody information: _____

Phone Numbers- please list in order of availability during the time your child will be in our care:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

4. Name: _____ Phone: _____

Has your child ever received any special needs intervention services (Speech, OT, PT, teacher)? ☐Yes ☐No

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

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)

(Signature of Parent or Guardian) (Date)

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. 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.

☐ I plan to apply for scholarship for my child

☐ My child's enrollment is contingent upon receiving scholarship