

Burnt Hills Nursery School
116 Kingsley Rd
Burnt Hills, NY 12027
www.bhns.org

Parent Agreement

We wish to enroll our child in the Burnt Hills Nursery School for the 2012-2013 school year. We will pay monthly tuition by the 1st of each month. We understand that there will be a \$10.00 late fee if tuition is not paid by the tenth of the month.

Child's name

Signature of Father

Date

Signature of Mother

Date

We wish to enroll our child in the following class

4 year old Mon/Wed/Fri
Tuition \$130.00/month

Morning 9:00-11:30
Afternoon 12:15-2:45

3 year old Tue/Thu
Tuition \$110.00/month

Morning 9:00-11:30
Afternoon 12:15-2:45

School Maintenance

Maintenance fees of \$90.00/child/year will be due at the time of registration. These fees may be worked off at the rate of \$15.00/hour. Refunds for completed hours will be made in January or June. Refunds for partial hours will only be made in June.

Maintenance refunds will be based on completed maintenance slips submitted by parents.

I will work 6 hours of maintenance: check all that apply

Carpenter

Electrician

Painter

Plumber

Cleaning

Outdoor work

General

other (specify)

Registration and Tuition

We ask that you return this form along with payment which includes: \$50.00 non-refundable Registration fee for all new students; \$90.00 Maintenance fee; and May 2013 tuition. Your next tuition payment will be due September 1st. The maintenance fee and tuition will not be refunded after July 1. NOTE: Please return this entire page and payment to the school by March 1, 2012. Make checks payable to **BURNT HILLS NURSERY SCHOOL**

BURNT HILLS NURSERY SCHOOL

116 Kingsley Road
Burnt Hills, NY 12027

IMMUNIZATION HISTORY AND RECOMMENDATIONS

Name: _____ Date of Birth: _____

Telephone Number: _____

Please fill in the dates of Vaccinations

DPT/DtaP 1st _____ 2nd _____ 3rd _____

Booster _____ **Booster** _____

POLIO 1st _____ 2nd _____ 3rd _____

Booster _____ **Booster** _____

HIB 1st _____ 2nd _____ 3rd _____ 4th _____

HEPATITIS B 1st _____ 2nd _____ 3rd _____

MMR 1st _____ 2nd _____

VARICELLA _____
(CHICKEN POX)

LEAD SCREEN _____ **Yes** _____ **No**

PLEASE NOTE: The child named will not be permitted to enter The Burnt Hills Nursery School without this form complete.

Remarks: _____

M.D. Signature _____

M.D. Name _____ Date _____

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FAMILY INFORMATION

Child's Full Name _____ Birth Date _____

Nickname, if any _____ Home Phone Number _____

Home Address _____

Mailing Address _____

Father's Name _____ Occupation _____

Business Number _____ Cell Phone _____ E-mail _____

Mother's Name _____ Occupation _____

Business Number _____ Cell Phone _____ E-mail _____

Names and ages of other children _____

Doctor's Name _____ Phone Number _____

If parent cannot be reached in case of sudden illness of child, notify

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Allergies, Nervous Habits, Physical Challenges _____

Disturbing experiences of which teacher should be aware _____

Are child's toilet habits well fixed? _____

Do you have any talents that you would be willing to share with the children? Art, Music Nature Storytelling...

What experience would you like your child to gain from this program?

BURNT HILLS NURSERY SCHOOL
116 KINGSLEY ROAD

Child's Full Name _____ Birth Date _____

Nickname, if any _____ Home Phone Number _____

Home Address _____

Mailing Address _____

Father's Name _____ Occupation _____

Business Number _____ Email _____

Mother's Name _____ Occupation _____

Business Number _____ Email _____

Names and Ages of Other
Children _____

Doctor's Name _____ Phone Number _____

If parent cannot be reached in case of sudden illness of child, notify:

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Allergies, Nervous Habits, Physical Challenges _____

Disturbing experiences of which teacher should be
aware _____

Are child's toilet habits well fixed? _____

Do you have any talents that you would be willing to share with the children? (Art,
Music, Nature, Storytelling, etc) _____

What experiences would you like your child to gain from this program?
