



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 2019-2020 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	Morning 9:00-11:30	3 year old Tue/Thu	Morning 9:00-11:30
Tuition \$150.00/month	Afternoon 12:15-2:45	Tuition \$130.00/month	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

- | | | | |
|------------------------------------|---------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Carpenter | <input type="checkbox"/> Electrician | <input type="checkbox"/> Painter | <input type="checkbox"/> Plumber |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Outdoor work | <input type="checkbox"/> General | <input type="checkbox"/> 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 June 2020 tuition. Your next tuition payment will be due September 1st. The maintenance fee and tuition will not be refunded after June 1. NOTE: Please return this entire page and payment to the school by March 1, 2018. Make checks payable to **BURNT HILLS NURSERY SCHOOL**

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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?