



For 3's parents only: If you are selecting the 3 or 4-day option, please circle the days you prefer. **Days will be given on a first-come, first-serve basis.**

M T W T H F

2026-2027 REGISTRATION FORM

Child's name _____

Date of birth _____

Home address _____

Primary Email address _____

Primary Phone Number _____

	5-Day (2's Only)	5-Day (3's & 4's)	4-Day	3-Day	2-Day
Total Tuition for the Year <i>This does not include the Participation Fee and Registration Fee.</i>	\$8,950	\$7,860	\$6,660	\$5,950	\$4,530
Registration Fee	\$100	\$100	\$100	\$100	\$100
Participation Fee	\$895	\$786	\$666	\$595	\$453
Deposit Amount Due January 16 th or upon registration. <i>This deposit is nonrefundable.</i>	\$995	\$886	\$766	\$695	\$553
PAYMENT PLAN 5 equal payments due on the 16 th of these months: May, Sept, Nov, Jan, and March	\$1,790	\$1,572	\$1,332	\$1,190	\$906

*The **Participation Fee** will be refunded at the end of each school year only if participation requirement is fulfilled. **Participation Fees are not refunded if you withdraw from the school, even if your space can be filled.** If more than one child is enrolled, please pay only 1 participation fee (the larger amount).

__ **I wish** to enroll my child/ren in the:

() 2-day 2's Classroom () 3-day 2's Classroom () 5-day 2's Classroom

() 3-day 3's Classroom () 4-day 3's Classroom () 5-day 3's Classroom

() 5-day 4's Classroom

__ **I agree** to observe the provisions and abide by the by-laws, customs, rules, and procedures of the school.

__ **I understand** that all the registration and application fees are non-refundable.

__ **I understand** that the participation fee is refundable after fulfilling the yearly participation requirements.

__ **I agree** to share my child's IEP with the school (if applicable).

Please make sure your registration is complete. Check off each box below to make sure everything is included.

Registration is not complete until the office has:

() A completed registration form

() The non-refundable deposit

() A copy of your child's most recent medical form (*if your child needs an update or is new to BNS*)

() A signed tuition agreement

Parent/Guardian Name _____

Parent/ Guardian Signature _____

Date _____ Check # _____ Amount _____

Briarcliff Nursery School Non-refundable Tuition Contract

Briarcliff Nursery School is a non-profit cooperative organization, and we rely on tuition payments to operate each year. We strive to provide the best possible early childhood program for our students including enriching classroom activities, a high staff to student ratio, and an expansive outdoor playground. Tuition for your child's program is non-refundable after January 16th of each year in order to prepare our operating budget. If you have any questions, please call the office at 914-941-4373 or email Marcella Appollonio at director@briarcliffnurseryschool.com or Fran Vallejo at administrator@briarcliffnurseryschool.com. In Consideration of the enrollment of your child at Briarcliff Nursery School, this non-refundable tuition contract is entered for the 2026-2027 school year.

PROGRAM DETAILS

Your child has been accepted into the program outlined on your registration form for the 2026-2027 school year. The program will take place at 40 Morningside Drive, Ossining, NY 10562 commencing in September 2026 and ending in June of 2027.

TUITION AND FEES

Tuition is payable on the 16th day of each month in accordance with the payment schedule outlined on the registration form. It is your responsibility to submit payment on time whether reminders are received. Any late payments are subject to a \$15.00 fee. Payments that are more than 30 days late will be reviewed by the Executive Committee. In the event of non-payment of tuition, the Executive Committee shall have the right to require the withdrawal of the child from school. (BNS By-laws, Article XII, Section 6, page 5.) Bounced checks are subject to a \$30.00 charge.

NON-REFUNDABLE POLICY

Briarcliff Nursery School's tuition and fees are strictly non-refundable including but not limited to situations where the student:

- 1) Voluntarily withdraws from the program for any reason including moving out of the area or enrolling in another school.
- 2) Is expelled from the program due to disciplinary reasons or violations of any of the policies outlined in the Parent Handbook

Briarcliff Nursery School reserves the right to retain all tuition payments made and seek collection for unpaid balances.

Initial _____

ABSENCE AND ILLNESS

If a child is absent because of illness or vacation at any time, the parents/guardians are responsible for paying the full tuition. Partial payments will not be accepted.

EXCEPTIONS

No refunds will be provided except under the following circumstances:

- 1) If the school must close for a period of more than 2 weeks, or if the program is cancelled, a prorated refund will be issued at the end of the school year.
- 2) Students who have been placed in a special education school by the district CPSE or County EI committees will be released from the contract.
- 3) Students with complex medical or special educational needs that cannot be met by Briarcliff Nursery School staff will be released from the contract.
- 4) Families may apply for pro-rated refund of tuition by submitting a written request to the Executive Board explaining the reasons for withdrawal. Tuition is refunded **only** if we are at full

enrollment and are able to fill the opening. No refund is ever made of the application fee, registration fee, or tuition deposit.

Initial _____

PARTICIPATION

As noted on the registration form, a participation fee is required with your tuition deposit. Since Briarcliff Nursery School is a non-profit educational cooperative, parents are asked to participate in two ways:

- a) One adult family member is required to participate in the Beautification Workdays, which happen throughout the year. Workdays are scheduled on weekends and the objective is to maintain both the grounds and physical structure of the school. Four and five-day parents are required to participate in 2 Workdays, while two and three-day parents are required to participate in one Workday.
- b) One adult family member is required to fulfill volunteer hours throughout the school year by joining a committee or completing a sign-up task.

In May of each year, the Executive Committee will review each family's participation and determine if the commitment has been fulfilled. Participation refund checks will be mailed in June of each year.

Initial _____

WITHDRAWAL

Early withdrawal of a child from the Briarcliff Nursery School program does not waive tuition nor the participation requirement as outlined above. Participation fee payment will be forfeited if the work commitment outlined above has not been fulfilled at the time of withdrawal.

By signing this agreement, I acknowledge that I have read, understand, and agree to the terms of this contract, including the non-refundable tuition policy and the participation requirement. As my child's parent or Guardian, I understand that I am fully responsible for all tuition and fees outlined in this agreement. This contract shall be governed by and construed under the laws of the state of New York.

Child's Name _____

Parent/Guardian Signature _____ Date _____

Please **KEEP** one copy for your records and **RETURN** the other with your deposit check to Briarcliff Nursery School.