AERIE'S Adventure Nursery & Preschool 121 Middle Road Devonshire Bermuda

Telephone: 441-799-1504 E-mail: aeriesadventures@hotmail.com

Registration Application Form							
Date:							
Preferred Sta	rting Date:						
Actual Startin	ng Date:			-			
Child's Nam				• •			
	(Last)	(First)	(Middle)				
Preferred to 1	be known as:	Male () Female ()			
Age:	Date of Birth						
Address:							
Nationality:.							
,							
M - 41							
Address:							
Mailing:							
Home No		Office No					
Cell No:		Pager:					
Occupation:.		Employer:					
E-mail							

Father:	
Address:	
Mailing:	
Home No.	
Cell No:	
Occupation:	Employer:
E-mail	
Legal Custody of Child: Mothe	r Father
In Case of EMERGENCY Contact:	
Name:	Relationship
Address:	
Home No	Office:
Cell No:	Pager:
Name:	Relationship
Address:	
Home No	Office:
Cell No:	Pager:

Nursery Fees

Plan A- Full Time : 8:00 a.m. – 5.30 p.m.

Registration Fee: \$100.00

Monthly Rate: contact us for current rate

Plan B-Part Time: 8a.m. – 1p.m.

Registration Fee: \$100.00

Monthly Rate contact us for current rate

Terms and Conditions

- (1) A non refundable \$100 registration fee is due with application to secure nursery placement.
- (2) A deposit of one month's fee is due when you confirm acceptance of a place at Aerie's. This deposit will be held in escrow until child leaves the nursery. Funds will be applied against child's final month fees.
- (3) Nursery fees are due 1st of each month. 10% late fee will be levied against all fees outstanding for more than 10 days unless prior arrangements have been made with Management.
- (4) Fees that are 60 days in arrears will be sent to a collection agency and you will be asked to remove your child from the nursery until the debt is cleared.
- (5) One term's notice in writing is required for permanently withdrawing your child from the nursery; otherwise deposit will be forfeited and you will be responsible for the remainder of the terms fees.
- (6) **Pick up late fee**: Between 5:45 –6 p.m. there is a late fee of \$5.00. After 6p.m. the fee is \$5.00 for every 5 mins.

payable even if your child is out sick or on vacation. Person Responsible for Paying Nursery Fees:							
Preferred Plan	A ()	В ()				
I have read and understo Payment Schedule and a other charges incurred.							
Name: (Please Print)			(Signature)				
Relationship to child:							
For Office Use only: Remarks:							
Actual Date Started:							
Actual Date Finished:							
Authorized Signature							

(7) In order to continue holding your child's spot at the nursery, fees are