



BETHEL PRESBYTERIAN CHURCH PRESCHOOL



2999 Bethel Church Rd.
Bethel Park, PA 15102

REGISTRATION FORM 2020 - 21
3-day & 4-day 4-Year Programs

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PLEASE READ THE FOLLOWING CAREFULLY!

PURPOSE: To develop children socially, physically and cognitively through work and play.
AGE: 4 yrs. by September 30, 2020 for the 3-day 4-Year Old Program
4 yrs. 5 mos. by September 30, 2020 for the 4-day 4 Year Old Program and has had 1 year of preschool (teacher recommendation preferred) We adhere to these requirements!!
TIME: 3-day 4-Year Olds - 9:00-11:30 or 12:30-3:00 - Monday/Wednesday/Friday
4-day 4-Year Olds - 9:00 - 11:30 - Monday/ Tuesday/ Wednesday/ Thursday
TUITION: \$165.00/ month for the 3-day 4-Year Old Program (\$10.00/ month discount for church members) \$1,485.00/year
\$190.00/ month for the 4-day 4-Year Old Program (\$10.00/month discount for church members) \$1,710.00/year
Each month's payment is 1/9th of the total yearly tuition. (3% discount for full year paid up by end of September.) (Church member discount is \$10.00 per month.)

REGISTRATION FEE: At the time of registration, you will be required to make a deposit of \$50.00 (Maximum of \$75.00 per family.) This \$50.00 deposit is nonrefundable. ***Also due is the last month's tuition of \$165.00 for the 3-day 4's or \$190.00 for the 4-day 4's, which is refundable if your family leaves at any time before or during the school year.

Please make checks payable to: Bethel Presbyterian Preschool

REGISTRATION SCHEDULE

- Monday, January 6 - Internal registration begins for all programs. (internal registration is for students presently enrolled in our preschool and child care & their siblings.)
Tuesday, January 21 - Public registration begins- Forms for all programs may be dropped off in the Preschool Office, or received in the mail. Please indicate your choice of class. Teacher preference requests are honored only when class size restrictions permit.

CHILD'S NAME _____ SEX _____ BIRTHDATE _____

PARENT'S NAMES _____

ADDRESS _____ CITY/STATE _____ ZIP _____

HOME PHONE _____ WORK _____ CELL _____ EMAIL _____

PREVIOUS PRESCHOOL EXPERIENCE (Where?) _____

SIBLINGS WHO ATTENDED PRESCHOOL HERE _____

**DOES YOUR CHILD RECEIVE ANY SERVICES FOR SPECIAL NEEDS? _____ IF SO, WHAT SERVICES? _____

(Note: Although we are an inclusive program, due to space limitations, we must restrict the number of special students who require in-class TSS/BSC help to 2 per class or less. Please check with the director to see if there is space for your child prior to registering. Thank you for your cooperation.)

I AM REGISTERING MY CHILD FOR:

_____ 3-day 4-Year Old Class- (circle your preference) AM CLASS (M/W/F 9-11:30am) OR PM CLASS (M/W/F 12:30-3pm)

_____ 4-day 4-Year Old Class- AM CLASS (M/T/W/TH 9-11:30am) (Must meet requirements for age / development - teacher recommendation preferred)

Teacher preference _____ No Preference _____

How did you hear about our school? Family/friend referral Website Just stopped in Sign out front Other _____

Your signature indicates that you have read the above information and agree to the policies and procedures of registration.

SIGNATURE _____ RELATIONSHIP _____ DATE _____