



BETHEL PRESBYTERIAN CHURCH PRESCHOOL



2999 Bethel Church Rd.
Bethel Park, PA 15102

REGISTRATION FORM 2020 -2021
T-Class Program

Andrea Dawson, Director
Phone: 412-835-0441
bethelpresps@verizon.net

PLEASE READ THE FOLLOWING CAREFULLY!

- PURPOSE:** To help children develop socially, physically, and cognitively through work and play.
- AGE:** 5 by September 30, 2020 and should have attended a 4-Year program.
- TIME:** 9:00 – 11:30 a.m. or 12:30 – 3:00 p.m. Monday through Thursday
- TUITION:** **\$190.00 / month \$1,710.00 / year** (Church member discount - \$10.00 per month.)
Each month's payment is 1/9th of the total yearly tuition. (3% discount for full year paid up front.)

****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 \$190.00, 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

- ** Registration is on a first-come, first-served basis. This class fills up fast. Preference is given to students already in our programs.
- **Registration should be recommended by the child's 4-Year teacher.

- **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 may be dropped off in the Preschool Office, or received in the mail.

CHILD'S NAME _____ SEX _____ BIRTHDATE _____

PARENTS' NAMES _____

ADDRESS _____ CITY/STATE _____ ZIP _____

HOME PHONE _____ MOM'S / DAD'S WORK PHONE _____ MOM'S / DAD'S CELL PHONE _____

E-MAIL ADDRESS _____

PREVIOUS PRESCHOOL EXPERIENCE _____

SIBLINGS WHO ATTENDED BETHEL PRESBYTERIAN PRESCHOOL _____

DOES YOUR CHILD RECEIVE ANY SPECIAL SERVICES? _____ 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 TSS/BSC help in class to 2 or less per class. 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 for the T-CLASS _____ AM session _____ PM session _____

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

SIGNATURE _____ RELATIONSHIP _____ DATE _____