



BETHEL PRESBYTERIAN CHURCH PRESCHOOL



2999 Bethel Church Rd.
Bethel Park, PA 15102

REGISTRATION FORM 2020 -2021
Time for Twos and 3-Year Programs

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PLEASE READ THE FOLLOWING CAREFULLY!

PURPOSE: To develop children socially, physically and cognitively through work and play.

AGE: 2 by September 30, 2020 for the Time for Twos Program
3 by September 30, 2020 for the 3-Year Old Program

TIME: Time for Twos – 9:30-11:30 – Friday
3-Year Olds – 9:00-11:30 or 12:30-3:00 – Tuesday / Thursday

TUITION: \$60.00/ month for Parent & Twos (\$10.00 discount for church members) \$ 540.00/year
\$140.00/ month for 3-Year Old Program (\$10.00 discount for church members) \$1,260.00/ 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 \$140.00 for 3-yr. olds or \$60.00 for Time for Twos, 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 _____ E-MAIL _____

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:

_____ Time for Twos Class AM Upstairs – Mrs. Korey

_____ 3-Year Old Class (circle) AM-downstairs – Mrs. Shaw or Mrs. Dawson PM-downstairs – Mrs. Shaw

Teacher preference _____ None _____

How did you hear about our programs? Family/friend referral Internet/Ad Sign out front Just stopped in Other _____

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

SIGNATURE _____ RELATIONSHIP _____ DATE _____