



BETHEL PRESBYTERIAN CHURCH PRESCHOOL



2999 Bethel Church Rd.
Bethel Park, PA 15102

REGISTRATION FORM 2008-09
Moms & Twos, 3 and 4-Year Programs

Leanne Parise, Director
Phone: 412-835-0441

PLEASE READ THE FOLLOWING CAREFULLY!

- PURPOSE:** To develop children socially, physically and cognitively through work and play.
- AGE:** 2 by September 30, 2008 for the Moms & Twos Program
3 by September 30, 2008 for the 3-Year Old Program
4 by September 30, 2008 for the 4-Year Old Program
- TIME:** Moms & Twos – 9:30-11:30 – Friday
3-Year Olds – 9:00-11:30 or 12:30-3:00 – Tuesday/ Thursday
4-Year Olds – 9:00-11:30 or 12:30-3:00 – Monday/Wednesday/Friday
- TUITION:** **\$42.00/** month for Moms & Twos (\$5.00 discount for church members) **\$ 378.00/year**
\$90.00/ month for 3-Year Old Program (\$5.00 discount for church members) **\$ 810.00/** year
\$110.00/ month for 4-Year Old Program (\$5.00 discount for church members) **\$990.00/** year
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 **\$25.00.**(Maximum of \$50.00 per family.) **This \$25.00 deposit is nonrefundable.**

REGISTRATION SCHEDULE

- **Sunday, January 13,** - Church member registration begins for all programs - leave forms in the Director's mailbox in the church office.
- **Wednesday, January 16** – Internal registration begins for all programs. (internal registration is for students presently enrolled & their siblings and former students.) **Preschool office – upstairs or turn in to your child's teacher prior to Jan. 28.**
- **Monday, January 28** – Public registration – Forms for all programs may be dropped off in the Preschool Office, or received in the mail. Please indicate your choice of upstairs or downstairs rooms 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 PHONE _____ E-MAIL _____

PREVIOUS PRESCHOOL EXPERIENCE (places and dates) _____

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:

_____ Moms & Twos Class

_____ 3-Year Old Class (circle) AM-upstairs AM-downstairs PM-downstairs only

_____ 4-Year Old Class (circle) AM-upstairs AM-downstairs PM-downstairs PM-upstairs (after downstairs is filled)

Teacher preference _____ None _____

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

SIGNATURE _____ RELATIONSHIP _____ DATE _____

Office use only: confirmation made _____ visit date _____ check no. _____