



**BETHEL PRESBYTERIAN CHURCH PRESCHOOL**



**2999 Bethel Church Rd.  
Bethel Park, PA 15102**

**REGISTRATION FORM 2008-09  
T-Class Program**

**Leanne Parise, Director  
Phone: 412-835-0441**

**PLEASE READ THE FOLLOWING CAREFULLY!**

- PURPOSE:** To help children develop socially, physically, and cognitively through work and play.
- AGE:** 5 by September 30, 2008 and should have been part of a 4-Year program.
- TIME:** 9:00 – 11:30 a.m. or 12:30 – 3:00 p.m. Monday through Thursday
- TUITION:** **\$127.00 / month \$1,143.00 / year** (Church members deduction - \$5.00 per month.)  
**Each month's payment is 1/9<sup>th</sup> 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**

- \*\* A person may register only one child or set of siblings.
- \*\* Registration is on a first-come, first-served basis. This class fills up fast.
- \*\*Registration should be recommended by the child's 4-Year teacher.

- **Sunday, January 13** - Church members may register by leaving their 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 by Jan. 28.**
- **Monday, January 28** - Public registration – 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 \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PREVIOUS PRESCHOOL EXPERIENCE (places and dates) \_\_\_\_\_

SIBLINGS WHO ATTENDED BETHEL PRESBYTERIAN PRESCHOOL (When?) \_\_\_\_\_

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 \_\_\_\_\_

**Office use only:** confirmation made \_\_\_\_\_ visit date \_\_\_\_\_ check no. \_\_\_\_\_