

**First Bethel  
United Methodist Church  
Kings School Kids**  
5901 Library Road  
Bethel Park, PA 15102  
412-835-6141

**Registration Application  
2021-2022**

Date Received:	_____	
Non-refundable Registration Fee (\$30):	_____	
Last month's tuition due with registration	_____	
Cash_____	Check #_____	TOTAL _____
4-Day T-Class (Mon, - Thurs.) (9 X \$195.00 – paid monthly)	_____	
3-Day Preschool Class (Mon.,Wed.,Fri.) (9 X \$165.00 – paid monthly)	_____	
2-Day Preschool Class (Tues.,Thurs.) (9 X \$110.00 – paid monthly)	_____	
Registered by:	_____	

Child's Name \_\_\_\_\_ Child's Birthday \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Applying for: \_\_\_\_\_ 2-Day Class \_\_\_\_\_ 3-Day Class \_\_\_\_\_ T-Class

Child resides with: Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_

Parent's Name: Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Address (If different than child's) \_\_\_\_\_

Parent's Name: Father \_\_\_\_\_ Occupation \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Address (If different than child's) \_\_\_\_\_

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**Once registered, expect to receive a packet containing information and forms in early August.**

\_\_\_\_ I understand that all required forms must be completed and returned to Kings School Kids no later than one week prior the start of school.

\_\_\_\_ I understand that May's tuition is due after placement in the program is offered and accepted but is refundable if my child needs to withdraw prior to completion of the program.

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Date