

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

**Registration Application
2024-2025**

Date Received:	_____
Non-refundable Registration Fee (\$40):	_____
Last month's tuition due with registration	_____
Cash_____ Check #_____ TOTAL	_____
4-Day T-Class (Mon, - Thurs.)** (9 X \$215.00 – paid monthly)	_____*
3-Day Preschool Class (Mon.,Wed.,Fri.) (9 X \$180.00 – paid monthly)	_____
2-Day Preschool Class (Tues.,Thurs.) (9 X \$120.00 – paid monthly)	_____
Registered by:	_____

Child's Name _____ **Child's Birthday** _____

Address: _____
Street City Zip

Applying for: _____ 2-Day Class _____ 3-Day Class _____ T-Class**(see below)

Child resides with: Both Parents ___ Mother___ Father___ Other_____

Parent's Name: **Mother** _____ Occupation_____

Phone: _____ Email: _____

Address (If different than child's) _____

Parent's Name: **Father** _____ Occupation_____

Phone: _____ Email: _____

Address (If different than child's) _____

****T-Class is open to children who have completed our 3-day class or a similar program outside of KSK.****

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