

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

**Registration Application
2026 – 2027**

Date Received: _____

Non-refundable Registration Fee (\$40): _____

Cash _____ Check # _____ TOTAL _____

4-Day T-Class (Mon, - Thurs.) **
(9 X \$230.00 – paid monthly) _____ *

3-Day Preschool Class (Mon.,Wed.,Fri.)
(9 X \$195.00 – paid monthly) _____

2-Day Preschool Class (Tues.,Thurs.)
(9 X \$130.00 – paid monthly) _____

Registered by: _____

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

Child's Name _____ Child's Birthday _____

Address: _____
Street City Zip

Does your child receive any special services? (Speech, DART, physical therapy, etc.) _____

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: (H) _____ 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 to the start of school.

Parent / Guardian

Date