



REGISTRATION FORM

Child's Name: _____ Birthdate: _____ Sex: _____

Mother/Guardian: _____ Home Phone: _____

Email Address: _____ Work Phone: _____

Home Address: _____ Cell: _____

City/State/Zip: _____

Father/Guardian: _____ Home Phone: _____

Email Address: _____ Work Phone: _____

Home Address: _____ Cell: _____

City/State/Zip: _____

Beth El Congregation Member? (circle one) Yes No

Siblings at BENS: _____ Class: _____

Toilet Trained (circle one) Yes No

Comprehends & Speaks English? (circle one) Yes No

Other Languages spoken: _____

Special Needs (e.g. IEP, Support Specialist, etc): _____

Registration Fee and Other Fees (does not apply to tuition):

\$75.00 non-refundable registration fee per family.

\$20.00 security card fee is assessed at the start of the school year for 2 security cards. Additional cards are available for \$10 each.

\$40.00 non-refundable activity fee

Discounts:

Beth El Congregation Members 25%

Siblings 15% off the lower priced class

Registration Agreement:

I agree to pay the tuition for the above-mentioned child to attend BENS for the duration of that child's enrollment in the program. I understand that my signed fee agreement will stipulate my monthly tuition. I understand that monthly payments are due by the first of the month. Late payments after the 5th of the month are subject to a \$10 late fee. Returned checks are subject to a \$10 fee.

I understand that by signing this registration form I am obligating myself to pay the balance owed in a timely basis, and that failure to do so will result in efforts by BENS to collect any amount owed, including any accumulated late or bank fees.

Parent's signature & date (required for registration) _____

<i>FOR OFFICE USE:</i>	
Registration Date:	_____
Check Number:	_____
Check Amount:	_____
Copies to:	
Director	_____
Bookkeeper	_____



Beth El Congregation of the South Hills
1900 Cochran Road
Pittsburgh, PA 15220
412-561-1168
www.bethelcong.org





REGISTRATION FORM

TO REGISTER Complete ONE FORM PER CHILD :
 Provide the information and sign the registration agreement on the reverse side of this form
 Choose the schedule & hours your child will attend..
 2 day enrollment minimum—can be half days or full days
 Attach the appropriate registration fee* payable to BENS
 Send to: BENS, 1900 Cochran Road, Pittsburgh, Pa. 15220.

Daily Rate Schedule

Class	Half Day (Up to 4 hrs)	Full Day (4 hrs +)	Additional Notes
1 Year Old Class—12 mo +	\$27.00	\$53.00	Breakfast will be provided for those children already at the center at 8:30am.
2 Year Old Class—24 mo +	\$23.00	\$46.00	Parents need to provide a non-meat lunch for their children. Snack will be provided for those children at the center at 3:00.
3 Year Old Class—36 mo +	\$21.00	\$42.00	Parents need to provide diapers for children not potty trained.
4 Year Old Class—48 mo +	\$21.00	\$42.00	Parents need to provide a seasonally correct change of clothing that stays in the classroom.

My family is eligible for the CCP subsidy through CCIS. Yes No

My caseworker's name is _____ Phone _____

BENS is open M-F from 7am-6pm. Please circle the days and write the estimated hours of attendance for your child. If different days will have different schedules please notate.

M T W TH F Hours: From ____:____ to ____:____

Preferred Start Date: _____



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