

REDEEMER LUTHERAN CHURCH & SCHOOL

1261 Pennsylvania Ave. Oakmont, PA 15139

Phone 412/828-9323 Fax 412/828-1860

www.rlpittsburgh.org

Brian Westgate, Pastor

Mrs. Gail Holzer, Principal

Office Use:

Date: _____

Rec. By: _____

Reg. Fee _____

Check: _____ Cash: _____

Tuition: _____

Check: _____ Cash: _____

APPLICATION FOR ENROLLMENT

Toddler/Parent Class

2016-2017

Session I: September 22nd –December 8th

Session II: February 8th– April 27th

Circle class choice:

Wednesday Class
(\$80/10 wk. session)

Thursday Class
(\$80/10 wk. session)

Wednesday/Thursday Class
(\$150/10 wk. session)

STUDENT INFORMATION

Child's Name: _____ / _____

(Last)

(First)

(M.I.)

(Name your child is to be called)

Address: _____ Phone Number: _____

(Street)

(City & State)

(Zip)

Circle One: Male Female Date of Birth: ____-____-____ Date of Baptism: ____-____-____

School District in which you reside: _____

PARENT INFORMATION

Parents: Married ____ Separated ____ Divorced ____ Never Married ____

Father: _____ Legal Guardian? () Yes () No

(Last)

(First)

(M.I.)

Address: (if different from above) _____

(Last)

(First)

(M.I.)

Phone: (Home) () _____ Work: () _____ Cell: () _____

Occupation: _____ Employer: _____

Father's Email Address: _____

Mother: _____ Legal Guardian? () Yes () No

(Last)

(First)

(M.I.)

Address: (if different from above) _____

(Last)

(First)

(M.I.)

Phone: (Home) () _____ Work: () _____ Cell: () _____

Occupation: _____ Employer: _____

Mother's Email Address: _____

FAMILY INFORMATION

Names and birth dates of all other children in the household:

Present Church Membership: _____ Pastor's Name: _____

Do Parents Attend? () Yes () No Does Child regularly attend Sunday School? () Yes () No

If you are not an active member of a Christian church, we invite you to attend Adult Information classes conducted by our pastor. You are also invited to attend our weekly worship Services at Redeemer Lutheran Church, Sunday mornings at 10:45 am, and Sunday School Classes at 9:30 am.

Emergency Information:

1. _____ Phone: _____ Cell # _____

Relationship to family: _____

2. _____ Phone: _____ Cell# _____

Relationship to family: _____

*I, _____, give permission for my child, _____ to be treated by emergency medical personnel if I am unable to give permission.

Emergency Information such as conditions, allergies, diseases etc., a medical team would need to know to safely treat your child: _____

Rate Schedule: One day a week - \$80/session Two days a week - \$150/session, 2nd child 50%

Each class is 90 minutes.

Registration Fee - \$25/session per family. Submit with this form.

Final Action: All applications for enrollment are subject to the approval of Redeemer Lutheran School Board.

I have read the application and the rate schedule, and would like to enroll my child in Redeemer Lutheran School.

Signature of parent or legal guardian _____ *Date* _____

Please send this enrollment application, along with the registration fee to:

Redeemer Lutheran School
1261 Pennsylvania Ave.
Oakmont, PA 15139

Make checks payable to: Redeemer Lutheran School.

Redeemer Lutheran School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies and athletic and other school-administered programs.