



# Ruthfred Lutheran Preschool

4 Year Old, Three Day Class Mon/Wed/Fri 9:00-11:30 am

(Depending on registration, we may also have an afternoon class, 12:30-3:00pm, available)

3401 South Park Rd Bethel Park, PA 15102 412-835-7140

[www.ruthfred.org](http://www.ruthfred.org)

Denise Stutzman- Director/Head Teacher [denisestutzman@ruthfred.org](mailto:denisestutzman@ruthfred.org)

A Registration Fee of \$25.00 must accompany this form. This fee is non-refundable.  
Tuition is \$150 for non-members and \$128 for members of RLC, it is due the 10th of each month

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/20\_\_\_\_ Child's age as of September 1 \_\_\_\_\_

(Child must be 4 years old by September 1)

Gender: MALE FEMALE

Siblings: YES NO

If YES to siblings, what are their names and ages? \_\_\_\_\_

Are you a member of Ruthfred Lutheran Church? YES NO

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone:(\_\_\_\_) \_\_\_\_\_

Mother Cell:(\_\_\_\_) \_\_\_\_\_ Father Cell:(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT: if parent cannot be reached

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you wish your child to be taken to St. Clair Emergency Room in case of emergency? YES NO

Allergies or Medical concerns? \_\_\_\_\_

Is your child right or left handed? RIGHT LEFT Potty Trained? YES NO

Primary language used at home? \_\_\_\_\_ If not English, what language does your child speak? \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

From time to time we take pictures during school activities. We post these photos to our website/social media or use them in the classroom. Pictures are selected to highlight activities during the school day, our class environment, or special events. We will never give any personal details about any child. If you do not want your child to be photographed, please send in a letter stating your refusal. The pictures will only be used to demonstrate the many ways our students have fun and learn at school!

Signature: \_\_\_\_\_ Date: \_\_\_\_\_