



St. Michael Lutheran School

7211 Oakland Drive Portage, MI 49024
Office: (269) 327-0512 Fax: (269) 327-3148
Christ for Kids (269) 327-4889



For Office Use	
Last Name: _____	
____ Info Card	Health Info:
____ Photo	____ Good Health
____ Directory	____ Health Ap.
____ Handbook	____ (Date of)
____ Birth Cert.	____ Hearing (K)
____ PTL Fee	____ Vision (K)
____ Excel in Giving	
____ Concussion Awareness	
____ Reg Fee	____ Check #
_____	____ Amount

Infant/Waddler/Toddler and Childcare Only Registration Form

Parent Information:

<input type="checkbox"/> Father	<input type="checkbox"/> Step-Father	<input type="checkbox"/> Guardian	<input type="checkbox"/> Mother	<input type="checkbox"/> Step-Mother	<input type="checkbox"/> Guardian
Name: _____		Title: _____	Name: _____		Title: _____
Address: _____			Address: _____		
City/Zip: _____			City/Zip: _____		
Home Phone: _____			Home Phone: _____		
Email _____			Email _____		

With whom does child live? Both Parents Shared custody Mother Father Other - Who? _____
Without a court-ordered custody agreement, child may be released to either parent at any time.

Who is responsible for tuition? _____

Student Information:

Name of Child _____ DOB _____ M F

Please indicate which room your child will be in:

Infants (6wks-1 year old) _____

Waddler (1-2 years old) _____

Toddler (2-3 years old) _____

Childcare Only (age) _____

Ethnicity: Please check one.

Asian American American Indian /Alaska Native African American or Black Hispanic or Latino Native American White

Excel in Giving: Excel In Giving Forms will still need to be completed.

Name of school district in which child resides: _____

Name of school/center child previously attended (if applicable): _____

Any learning, health or physical disabilities that should be known? (Please include any allergies or medical conditions) _____

Do you attend church? Yes or No Name of church currently attending: _____

Has the child been Baptized? _____

PLEASE COMPLETE REVERSE SIDE

