



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	
___ 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

2017-2018 Registration

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(ren) may be released to either parent at any time.

Who is responsible for tuition? _____

Student Information:

If your child has an IEP or 504 plan, copies must be provided and reviewed by administration before admissions.

Name of Student _____ DOB _____ M F Grade _____

Ethnicity: Please check one.

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

Name of Student _____ DOB _____ M F Grade _____

Ethnicity: Please check one.

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

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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 student(s) resides: _____

Name of school student previously attended (grades Kindergarten or higher): _____

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(ren) been Baptized? _____

PLEASE COMPLETE REVERSE SIDE

Parental Consents:

1. **Photo Agreement** – I grant permission for my child(ren) to be included in any photos or videotapes the school may use for school bulletin boards, newsletters, yearbooks, web pages, promotions, class projects, etc. Furthermore, I consent that such photographs and or videos shall be the property of St. Michael Lutheran School and Christ for Kids (SMLS/CFK), which has the right to duplicate, re-produce, and make other appropriate uses as SMLS/CFK deems necessary.

Parent’s Printed Name	Parent’s Signature	Date
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2. **School Directory Agreement** – I grant permission for my family and child(ren)’s name, address, phone number and email address to be used for church and school business, and to be included in a Parent Directory that will be given or made available to all St. Michael Lutheran School and Church families. The information in the directory may not be used for promotional, business, or political mailings or phone calls. It is intended solely for the convenience and information of SMLS/CFK families.

Parent’s - Printed Name	Parent’s Signature	Date
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3. **Non-Refundable Registration Fee** – I understand the registration fee is non-refundable and that the registration fee is due with this form.

Parent’s Printed Name	Parent’s Signature	Date
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4. **Health** - I affirm that to the best of my knowledge, my child(ren) is in good physical health to attend SMLS/CFK. I acknowledge that SMLS/CFK will take due diligence with the health and safety of my child(ren) and I will not hold SMLS or CFK liable for any event relating to any preexisting medical conditions, disclosed or undisclosed.

Parent’s Printed Name	Parent’s Signature	Date
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Childcare Needs:

Preschool Students: **Indicate typical drop off/pick up times.**
School Age Students **Indicate before and/or after school.**

	Mon	Tue	Wed	Thur	Fri	Drop in care?
Student:						
Student:						
Student:						
Student:						
Student:						

**Please note when you anticipate needing care- we understand your schedule may change.*

A note about call ahead and drop in childcare:

Christ for Kids strives to be flexible with scheduling policies. However, to ensure proper staffing we request that families call ahead when additional care is needed. Should space not be available, we reserve the right to refuse care to students who have not prescheduled their attendance.