



# 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	<b>Health Info:</b>
___ 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

## 2018-2019 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

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

**Excel in Giving:** Excel In Giving Forms will need to be completed. (please check one) 9months \_\_\_ 12 months \_\_\_

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

2. **School Directory Agreement** – I grant permission for my family and child(ren)'s name, address, phone number to be used for church and school business, and to be included in a Parent Directory that will be 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

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

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

## Childcare Needs:

*Preschool Students:*  
*School Age Students*

**Indicate typical drop off/pick up times.**  
**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.