

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					

2019-2020 Registration

Parent Information:

i arent informati	711 •				
□Father	Step-Father	□Guardian	□Mother	☐Step-Mother	□Guardian
Name:	Title:		Name:	Title:	
	123323			1	
Address:			Address:		
City/Zip:			City/Zip:		
Home Phone:			Home Phone:		
Email			Email		
With whom does child	ed custody agreemen	t, child(ren) may	ody Mother Father be released to either parent	at any time.	
Student Informat	ion:				
If your child has an	IEP or 504 plan,	copies must be	e provided and reviewe	d by administratio	on before admissions.
Name of Student			DOB	□ M □	F Grade
Ethnicity: Please check	one.				
Asian American	_American Indian /Ala	ska NativeAfr	ican American or Blackl	Hispanic or Latino	Native AmericanWhite
Name of Student			DOB	□ M □	☐ F Grade
Ethnicity: Please check	one.				
Asian American	American Indian /Ala	ska NativeAfr	ican American or Blackl	Hispanic or Latino	Native AmericanWhite
Name of Student			DOB	□ M □	□ F Grade
Ethnicity: Please check	one.				
Asian American	American Indian /Al	aska NativeAf	rican American or Black	_Hispanic or Latino	Native AmericanWhit
Excel in Giving:	Excel In Giving Fo	rms will need to	be completed. (please ch	eck one) 9months	12 months
Name of school distric	et in which student(s) resides:			
Name of school/dayca	re student previously	y attended :			
Any learning, health of	r physical disabilitie	s that should be k	nown? (Please include any	allergies or medical	conditions)
D) V N N.	C -11			
		e of church currer	ntly attending:		
Has the child(ren) bee	n Baptized?				

Parental Consents:

1. Photo Agreement – I grabulletin boards, newsletters, or videos shall be the proper produce, and make other ap	, yearbooks, web party of St. Michael L	ges, promotions, utheran School ar	class projects, etc nd Christ for Kids	. Furthermore, I co	onsent that suc	ch photographs and
Parent's Printed Name			Parent's Signature			Date
2. School Directory Agree church and school business, Church families. The infornintended solely for the conv	and to be included nation in the director	in a Parent Directry may not be use	tory that will be need for promotional	nade available to a	ll St. Michael	Lutheran School and
Parent's Printed Name			Parent's Signature			Date
3. Non-Refundable Registr form.	ration Fee – I under	rstand the registra	ation fee is non-re	efundable and that	the registratio	n fee is due with this
Parent's Printed Name			Parent's Signature			Date
4. Health - I affirm that to t that SMLS/CFK will take d event relating to any preexis	ue diligence with the	e health and safet	ty of my child(rer			
Parent's Printed Name			Parent's Signature			Date
Childcare Needs:						
Preschool Students: School Age Students	Indicate typical Indicate before	drop off/pick up and/or after sch	•			
	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.