



Grace Lutheran School

REGISTRATION FORM

Grace Lutheran School Mission Statement

Grace Lutheran School exists to Bring In, Build Up, and Send Out disciples for Christ.

Family Name	
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Student Name						
Student Name (first, middle, & last)	M/F	Date of Birth (mm/dd/yy)	Baptism Date	Preschool (circle one)	Elementary/Middle School	T-Shirt Size (YXS – AXL)
	M F			3K 4K Young 5	K 1 2 3 4 5 6 7 8	
	M F			3K 4K Young 5	K 1 2 3 4 5 6 7 8	
	M F			3K 4K Young 5	K 1 2 3 4 5 6 7 8	
	M F			3K 4K Young 5	K 1 2 3 4 5 6 7 8	
	M F			3K 4K Young 5	K 1 2 3 4 5 6 7 8	

Parent Information	
Father's Name:	
Address:	
Telephone:	(home, cell) Email:
Father's Employer:	Work Phone:
Mother's Name:	
Address (if different):	
Telephone:	(home, cell) Email:
Mother's Employer:	Work Phone:

Siblings (not enrolling at Grace for 2026-27)		
Name:	Age:	Birthdate:
Name:	Age:	Birthdate:
Name:	Age:	Birthdate:
Name:	Age:	Birthdate:

Church Information	
Church Home:	Does your family attend regularly? Yes No
Are you interested in attending a class to explore membership at Grace? Yes No	

Medical Information

1. I, the parent/guardian of the minor children listed on the reverse side, hereby authorize the emergency contacts listed as my agent to consent to any necessary medical care needed by the minor child during my absence from the community or in the event I cannot be contacted through reasonable efforts. **This authorization shall be valid for current and subsequent school years, and shall continue unless written notice of cancellation is provide to the school office or registrar.**
2. In the event my child is sick or injured and I or the emergency contact I have named below cannot be located, I authorize the principal or acting principal of Grace Lutheran School to decide and consent to:
 - a. **Medical treatment if it is decided treatment is needed;**
 - b. **Who should transport my child to treatment; the school will call 911 for ambulance service if there is any doubt as to the nature of my child's injury. The principal or acting principal will decide who should assist my child while en-route to the hospital.**
 - c. I understand that **nothing in this agreement shall relieve me of any financial responsibility** arising out of my child's medical attention which may be consented to by the officials of Grace Lutheran School as herein authorized, and I agree to hold Grace Lutheran Church and School and the officials thereof harmless for the cost of said treatment or transportation by ambulance.
3. In the event my child is at **a place physically remote from the school facility** and in the care or custody of a teacher of Grace Lutheran School other than the principal or acting principal, I hereby authorize the **teacher in charge of my child at that time** to make the decision authorized by me in paragraph 2 of this authorization.
4. In consideration of the education and supervision of my child or children by the officials and staff of Grace Lutheran School, I agree not to make claim or bring a lawsuit against Grace Lutheran Church and School or the employees or officials thereof, as a result of the decisions, care, or treatment authorized by me in this consent form.

Doctor Information

Doctor's Name:

Location:

Health History – List all prescription medications/allergies/health conditions

Child's Name:

Comments:

Child's Name:

Comments:

Child's Name:

Comments:

Child's Name:

Comments:

Special Conditions

Children with Corrective Lenses:

Children with Hearing Aids:

Children with Asthma:

Children with Diabetes:

Children with Epipen:

Emergency Contact Information (in case parents/guardians cannot be reached)

Name:	Phone:	(home, work, cell)
Address:		
Relationship to the student:		
Name:	Phone:	(home, work, cell)
Address:		
Relationship to the student:		
Name:	Phone:	(home, work, cell)
Address:		
Relationship to the student:		

Permissions – Please indicate which items may be administered at school for each child

Child's Name:
Non-aspirin: Y or N Dose _____ Antacid: Y or N Cough Drops: Y or N Anti Itch Cream: Y or N Neosporin: Y or N
Child's Name:
Non-aspirin: Y or N Dose _____ Antacid: Y or N Cough Drops: Y or N Anti Itch Cream: Y or N Neosporin: Y or N
Child's Name:
Non-aspirin: Y or N Dose _____ Antacid: Y or N Cough Drops: Y or N Anti Itch Cream: Y or N Neosporin: Y or N
Child's Name:
Non-aspirin: Y or N Dose _____ Antacid: Y or N Cough Drops: Y or N Anti Itch Cream: Y or N Neosporin: Y or N

*Any additional medications to be administered at school must be turned into the school office and accompanied by the Medication Form.

Field Trip Permissions – circle all that apply

Child's Name:
Attend All Field Trips: Y or N Ride with Parent Volunteers: Y or N Walk to nearby Locations (5th-8th): Y or N
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*Students may walk to certain field trips such as Michigan Lutheran High School, Nursing Home, etc.

Policy of Non-discrimination

Grace Lutheran Preschool, Elementary, and Middle School admits students of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, and other school administered programs.

Internet Policy Agreement

Grace Lutheran School is pleased to offer student access to the internet and other web-based tools (i.e. Google Apps). Families should be aware that some material accessible via the internet might contain some items that could be potentially harmful. While it is Grace's intent to make internet available in order to further educational goals and objectives, students may find ways to access other materials as well. Even though Grace attempts to monitor student's internet access through monitoring programs and teacher supervision, those methods will not guarantee compliance with the Grace Internet Policy. Grace believes that the benefits of student access to the internet exceed the disadvantages. Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. Teachers at Grace will guide students to Christian standards in internet usage. Parents and guardians may use the option of requesting their children do alternative activities not requiring internet use.

As the parent/guardian of these students, I have read the information above, and give consent for my child(ren)'s access to the internet as follows:

_____ Access I give consent for my child to have access to the Internet and/or web-based tools as defined and supervised by the teacher and Internet Policy.

_____ No Access I do not want my child to use the Internet and/or web-based tools for educational purposes.

Further, in consenting to Internet and web-based tools access for my child(ren), I understand that my child(ren)'s access to the Internet is designed for educational purposes. I also recognize it is impossible for Grace to restrict access to all controversial materials and will not hold Grace Lutheran School or any teachers responsible for materials viewed, accessed or acquired by my child on the Internet. I am aware that web-based tools are operated by a third party and am giving permission for my child to have access to the educational resources provided.

I certify that information on this form has been read by myself and my child.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Picture Permission

Grace Lutheran Church and School includes videos and pictures of congregation and school activities on our Facebook and website pages. Pictures may also be shared in our weekly newsletter or other promotional items. Please indicate whether or not you grant us permission to use pictures and videos that contain your child. Please check the box that corresponds with your wishes.

_____ **Full Permission:** I grant permission for pictures/videos containing my child(ren) to be used by the school.

_____ **Limited Permission:** I grant permission for group photos/videos containing my child(ren) to be used by the school, but do not grant permission for individual photos/videos to be shared.

_____ **No Permission:** I deny permission for pictures/videos containing my child(ren) to be used by the school. (This means that my child will not be able to participate in any group photos/videos.)

Singing in Worship

Throughout the year, students will have opportunities to join in worship at Grace as a part of various school choirs. Do you understand that the expectation is that your child(ren) will participate in these opportunities? **Y**____ **N**____

Child Custody Arrangements

Please list any child custody arrangements that we need to be aware of.

Pick-up from School

The following individuals (other than parents/legal guardians) have permission to pick my child up after school.

☐ All Emergency Contacts previously listed have permission to pick up my child after school.

Name:	Phone:	(home, work, cell)
Relationship to the student:		
Name:	Phone:	(home, work, cell)
Relationship to the student:		
Name:	Phone:	(home, work, cell)
Relationship to the student:		
Name:	Phone:	(home, work, cell)
Relationship to the student:		

Time and Talents Questionnaire

The partnership that Grace has with the parents/guardians of our student body help this ministry thrive. It is our goal to match individuals with opportunities to serve that align with their interests and abilities. In order to accomplish this, we ask that everyone complete the Time and Talents Questionnaire: <https://forms.gle/zUU649rCc1pGrghf6>

Have you completed the Time and Talents Questionnaire? Yes_____ No_____

Tuition Payment Agreement

I understand that:

- I am responsible for staying current on Tuition Payments using the Procure Tuition tool.*
- I may select either the 1-month or 12-month (Aug. 15- July 15) payment option (inform School Secretary).
- My Procure account must be active prior to my child's first day of school.
- I understand that my child will not be able to attend classes if I have past due Tuition.
- If I am late on a payment, I will be required to sign-up for automatic payments.

*If necessary, alternate plans may be requested using the Alternate Payment Plan Form submitted to the Board of Education. Forms are available in the school office.

Parent Signature – I verify all information in this document to be accurate.

Parent/Guardian:	Date:
Parent/Guardian:	Date:

