

Preschool previously attended: _____
(if applicable)

Name of Local Person to be notified in an Emergency, when parent is not available listed in order of preference. At least one person MUST be listed. Additional people may be added on the Procure app upon registration.

1. Name: _____
Address: _____ City _____ State _____ Zip _____
Home Phone: _____ Work Phone: _____
Relationship to child: _____

2. Name: _____
Address: _____ City _____ State _____ Zip _____
Home Phone: _____ Work Phone: _____
Relationship to child: _____

I give permission to Grace Lutheran Preschool, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical and/or emergency surgical treatment for the above minor child while in care.

Signature of Parent of Guardian

Date Signed

Authority: Act 116 of P.A. 1973. Completion: Required. Penalty: Rule violation Citation

Child's Physician or Health Clinic

Name: _____ Phone # _____

Address: _____ City _____ State _____ Zip _____

Hospital Preferred for Emergency Treatment _____

Health Insurance Policy Name _____ Number _____

Allergies, Special Needs and/or Special Instructions? ___ Y ___ N If yes, explain: _____

(Add additional sheets if necessary)

I certify that I accurately completed this form and if anything changes, I will notify Grace Lutheran Preschool by updating this form. I agree to complete the listed requirements listed below to complete my child's registration.

Signature of Parent/Guardian

Date Signed

The Michigan Department of Consumer and Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs know to this agency.

Registration Requirements:

1. Registration fee of \$100 is due at the time of registration per child to hold the child's spot.
2. **Registration form must be filled out completely per the State of Michigan regulations. Every line must be filled in. N/A is not acceptable.**
3. Immunization records must be submitted the first day of school or before.
4. Yearly physicals are required and must be on file in the school office.
5. Payments are due on time. Delinquent payments from a previous school year must be paid in full in order to re-enroll in the program.