



# Grace Lutheran Preschool

## Registration and Student Information – 2025/2026

**State of Michigan – Department of Licensing and Regulatory Affairs - Regulations:** Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, “**unknown**” or “**none**” is the required response. **A blank field, a line through a field or “N/A” are not acceptable responses.**

<b>Provider Use Only:</b>	<b>Date of Admission:</b>	<b>Date of Discharge:</b>
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Date: \_\_\_\_\_

**Please print or type (print must be legible to be accepted):**

Child's Name: \_\_\_\_\_  
Last First Middle

Sex: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

**Father/Legal Guardian's Name** \_\_\_\_\_

Address (If not child's address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Hours of Employment \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Primary Email: \_\_\_\_\_

**Mother/Legal Guardian's Name** \_\_\_\_\_

Address (If not child's address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Hours of Employment \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Primary Email: \_\_\_\_\_

**Other children in the family (under the age of 18):**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Are parents (circle one):** Together Separated Divorced

**With whom does child reside?** \_\_\_\_\_  
(both parents, only father, only mother, guardian, etc.)

**Name of step-parent(s)** (if applicable): \_\_\_\_\_

**Name of guardian (s)** (if applicable): \_\_\_\_\_

**Name of home church:** \_\_\_\_\_ **Child baptized?** Y \_\_\_\_\_ N \_\_\_\_\_

*Continued on the back*

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
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**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 known 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.