



Grace Lutheran Pre-School

Registration and Student Information

State of Michigan Regulations: All Lines must be completed.
N/A is not acceptable

Date: _____

Please print or type:

Child's Name: _____
Last First Middle

Sex: _____ Place of birth: _____ Birthdate: _____

Home address: _____ Home Phone: _____

_____ Email address _____
City State Zip

Father/Legal Guardian's Name _____

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

Employer _____ Address _____

City _____ State _____ Zip _____ Phone# _____ Hours of Employment _____

Mother/Legal Guardian's Name _____

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

Employer _____ Address _____

City _____ State _____ Zip _____ Phone# _____ Hours of Employment _____

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

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Are parents: Together Separated Divorced (circle one)

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 _____

Pre-school previously attended: _____
(if applicable)

Name of Local Person to be notified in an Emergency, when parent is not available:

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 Consumer and Industry Services 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, If any _____ Date of Last Tetanus Shot _____

Field Trip

I hereby give my permission to Grace Lutheran Preschool for my child to be transported in a vehicle and/or participate in field trips.

Signature of Parent of 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.

Please note:

1. Registration fee of \$100 is due at the time of registration.
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. Delinquent payments will be subjected to your child's withdrawal from the program.