



Christ Lutheran School

Jesus said,
"Let the little children come to me..."
Luke 18:16

REGISTRATION CHECKLIST FOR RETURNING STUDENTS

*For families with more than one child:
Make copies of pages 1 & 2 for each child. I only need 1 copy of pages 3 & 4 per family.*

SCHOOL YEAR _____

STUDENT'S NAME _____ GRADE _____

PARENT'S NAME _____ PHONE _____

Health Appraisal For: Preschool / Kindergarten / 7th Grade Dated after April 15 of current year

Sport Physical Required for Grades 3rd through 8th Dated after April 15 of current year

Registration Form

Please list any special needs below i.e. Medical Concerns/Food Allergies/Learning Disabilities

Please list any special interests below i.e. Band/Choir/Sports

Please return all completed forms to:

Christ Lutheran School
Attn: Amy Cole
4333 Cleveland Ave.
Stevensville, MI 49127

A child is not enrolled until we receive this form and acknowledge it. A deposit of \$235 per student is required with this form for all students registering for our day school. The balance of your registration fee is due by the first day of school.



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Returning Student Enrollment Form

Enrolling for School Year _____ Entering Grade _____ Today's Date _____

CHILD'S LEGAL

Name: _____
(Last) (First) (Middle)

Birthday: _____
(Month-Day-Year) (City Born) (State)

Address: _____
(Physical Address) (City) (State) (Zip)

Mailing Address: _____ Phone: _____
(P.O. Box) (City) (Zip)

School District: Lakeshore _____ St. Joe. _____ Other _____

Township: _____ or City(Village): _____

Has Child been baptized in the name of the Father, Son, and Holy Spirit? Yes _____ No _____

If yes, what church? _____

Date of Baptism _____

CONSENT FOR PUBLICATION OF PHOTOS

____ I hereby give my consent for Christ Lutheran School to use my child's image in School Publications. This includes but is not limited to: Principal's Newsletter, Christ Times, Yearbook, and the School's Website.

NOTE: on the website we ***never*** publish children's names or ages.

____ I hereby give my consent for Christ Lutheran School to send my child's image to non-school publications. This includes but is not limited to: Harold Palladium, MailMax, and Michigan in Touch.

NOTE: we ***never*** give such publications children's names or ages; we only supply a picture and brief description of event.

FIELD TRIP AUTHORIZATION

Signature of parent or guardian implies consent for this pupil to take Field Trips that are prescribed by the school, and also that you have read the School Handbook and understand our mutual obligations.

Signature of Parent/Legal Guardian _____ Date: _____

COMMUNICATIONS

This is absolutely voluntary and if you elect not to supply your address that is certainly your right and choice. Our sole purpose in asking for e-mails is to allow CLS and our Board of Christian Education to quickly and easily seek your input when a situation arises. If you would also like to have the weekly Principal’s Newsletter sent to you please check the appropriate line.

Mother

e-mail _____

Use for informational purposes ONLY _____ **OR** I would like to receive the newsletter by e-mail _____

Father

e-mail _____

Use for informational purposes ONLY _____ **OR** I would like to receive the newsletter by e-mail _____

OTHER CHILDREN IN FAMILY:

Name: _____ Birthdate _____

Name: _____ Birthdate _____

Name: _____ Birthdate _____

STATEMENT OF GUARDIANSHIP

____ Yes, I am the Parent or Legal Guardian for the named student

Signed _____ Date _____

This child lives with: Both Parents _____ Mom _____ Dad _____

Are there custody issues that the school needs to be aware of? No _____ Yes _____

Explain:

MOTHER'S INFORMATION or Guardian #1

Name: _____ Spouse: _____
(Last) (First)

Fill out only if different then child's

Address: _____
(Physical Address) (City) (State) (Zip)

Mailing Address: _____
(P.O. Box) (City) (State) (Zip)

Phone: _____ Cell Phone: _____ Work: _____

Place of Employment: _____

Present Church Membership: _____

FATHER'S INFORMATION or Guardian #2

Name: _____ Spouse: _____
(Last) (First)

Fill out only if different then child's

Address: _____
(Physical Address) (City) (State) (Zip)

Mailing Address: _____
(P.O. Box) (City) (State) (Zip)

Phone: _____ Cell Phone: _____ Work: _____

Place of Employment: _____

Present Church Membership: _____

We want a Christ centered education for our child. It is for this reason that we enroll this child. We want Christ in our family life also. To this end we commit ourselves to regular church attendance and reading of the Bible. We plan to set a proper example for our child and we expect him/her to grow in leading a sanctified life. Love, repentance and forgiveness will be important parts of this life in Christ.

God help us.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____