

St. Michael Christian School
7000 North Sheldon Rd., Canton, MI 48187
Telephone: (734) 459-9720
Elementary Registration 2010-2011 School Year

STUDENT INFORMATION: Use one form per student. Circle: Male Female

_____ Birth date: _____
Last Name First M.I.

Circle current grade: **Pre 4, Young 5**

Circle anticipated 2010 Fall placement: **Young 5's K** (FOR KDG. CHILD MUST BE 5 BY DECEMBER 1, 2010)

Is this child a sibling of a student enrolled or enrolling at St. Michael? Yes ___ No ___

Church Membership _____ Has this child been baptized? No ___ Yes ___

Racial Heritage (Please circle): White American Indian/Native Alaskan Asian/Pacific Islander
African American/Black Hispanic/Latino Other

Language spoken in the home if other than English _____

Where did you hear about St. Michael Christian School? (Please circle) Website Newspaper
Friend/Relative Phone Book Other: _____

PARENT INFORMATION:

Names: Father/Guardian _____ Mother/Guardian _____

Address _____ Address _____

Phone (_____) _____ Phone (_____) _____

Employer _____ Employer _____

Phone (_____) _____ Phone (_____) _____

Cell Phone/Pager (_____) _____ Cell Phone/Pager (_____) _____

Has your child had an IEP? (Must check one) Yes ___ No ___ Please initial ___

While enrolled in another school, has your child received an IEP evaluation or special services for hearing, speech, vision, language, academics, social adjustment or any other area of need? Please provide copies of current report cards and recent test results. Please explain: _____

NEW ELEMENTARY PARENTS: If your child is entering SMCS from another educational institution, you must fill out a request for previous educational records (CA-60) to have copies sent to our office for our files. Your child's admittance as a student at SMCS is contingent upon approval of all forms and documents received from former educational institutions. **Class placement will be decided after an evaluation by the Teacher and/or the Director.**

Previous Educational Institution:

School _____ Former Grade/Class _____

Address _____ City _____ State _____ Zip _____

MEDICATION

If your child is taking **any daily medication**, (this includes medications taken regularly at home) the school must have a note from your doctor stating the name of the medication, the dosage, and any restrictions/concerns regarding the use of the medication. If your child's medication is changed or discontinued, the school requires a letter from the doctor. This information will be kept confidential and is required for the safety of your child.

REGISTRATION FEE

A NON-REFUNDABLE REGISTRATION FEE OF \$75.00 IS DUE AT THE TIME OF REGISTERING YOUR CHILD. Please make all checks payable to: St. Michael Christian School (SMCS). Post-dated checks will NOT be accepted.

BOOK FEE

Young Fives/Kindergarten \$ 20.00
1st – 5th Grades \$100.00

TUITION FOR THE 2010-2011 SCHOOL YEAR

Young Fives \$1,885.00
Kindergarten \$3,280.00
1st – 5th grades \$3,280.00

DISCOUNTS AVAILABLE:

- A. One child - a 5% discount is available off total tuition owed for pre-payment.
- B. Two children – second or youngest child receives 5% discount. You may also receive an additional 5% discount if paid in full.
- C. Three or more children – youngest child is FREE; no other discounts.
- D. St. Michael Lutheran Church Members (regular attendance and participation is required) receive a 10% discount.

Tuition is DUE on the 15th of each month. Please make all checks payable to: **St. Michael Christian School (SMCS).** **Post-dated checks will NOT be accepted.**

NOTE:

- After the 22nd of the month, a **LATE FEE** of \$10.00 will be assessed for late tuition payments (see Parent/Student Handbook).
- A bank fee will be charged for returned checks (see Parent/Student Handbook).

I/We understand that the Registration and Book Fees are **NON-REFUNDABLE**. My child's class placement will be made by the administration. I/WE understand that **All Fees and Tuition Payments** must be **PAID IN FULL** before student records can be released. If a student is withdrawn for any reason, the school **MUST** be notified in writing. This is to be done a minimum of **thirty calendar days** prior to the withdrawal. I/We have received a copy of the Parent/Student Handbook and agree to follow the policies of St. Michael Christian School (SMCS).

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Referral Program

We have a referral program offered to the families of our currently enrolled students! One hundred dollars (\$100.00) will be returned to you, during the semester, for each new elementary school family who begins to attend our school and at the time of registration indicates they have been referred by you. Fifty dollars (\$50.00) will be returned to you, during the semester, for each new preschool family who begins to attend our school and at the time of registration indicates they have been referred by you.

Referred by: _____ **Date:** _____

For school staff use only

Registration Submitted: Cash \$ _____ Check # _____ Check Amt. \$ _____ Staff initial and date rec'd ____/____

Book Fee Submitted: Cash \$ _____ Check # _____ Check Amt. \$ _____ Staff initial and date rec'd ____/____