

**St. Michael Christian School**  
7000 North Sheldon Rd., Canton, MI 48187  
Telephone: (734) 459-9720  
**Preschool 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 3 Pre 4

Circle anticipated 2010 Fall placement: Pre 3 Pre 4 (**CHILD MUST BE 3 OR 4 BY DECEMBER 1, 2010**)

Is this child a sibling of a student currently enrolled 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 reports and recent test results. Please explain:

**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.**

**TUITION FOR THE 2010-2011 SCHOOL YEAR**

Pre 3	\$1,325.00	Pre 3	3 day option	\$1,670.00
Pre 4	\$1,670.00			

**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 15<sup>th</sup> of each month.** Please make all checks payable to: **St. Michael Christian School (SMCS).** **Post-dated checks will NOT be accepted.**

**NOTE:**

- After the 22<sup>nd</sup> 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 Fee: Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ Check Amount \$ \_\_\_\_\_ Staff initial and date rec'd \_\_\_\_\_/\_\_\_\_\_