



School Year: 2022-2023

Re-Enrollment _____

Today's Date _____

New Enrollment _____

STUDENT INFORMATION

Please give the following information for each student you are registering.

Last Name	First Name	Middle Name	Birth Date	Boy X	Girl X	Grade Entering

NEW FAMILY: If you were recruited by an attending family, please give the family's name: _____

(See definition of new family on the discount page)

Please provide the name and contact number for who is the primary person responsible for payment:

Name

Telephone number

Records and information:

Please note that the State of Michigan requires us to request immunization records or a waiver as part of the student's school record.

If you have not previously provided a copy of your enrolled student's birth certificate, please drop one off at the office.

In split/blended families, JCS will consider the enrolling parent as the primary parent for first communication and permission slips.

If there is a split custody of your enrolled student you must provide the office with the most current signed court document describing the custody agreement.

I realize that the registration fee is non-refundable and that the tuition payments are a contractual agreement on which receipt of grades are dependent.

JCS has a website and a Facebook page. Please check one of the following boxes:

- ☐ I give JCS permission to use my child(ren)'s picture on the JCS website and Facebook page.
☐ I do not want my child(ren)'s picture to be on the JCS website and Facebook page.

Parent Signature

Parent Signature

Date:



FAMILY INFORMATION

Address: _____ Home Phone: _____
Street (include P.O. Box) City Zip Code

Mother's Cell Phone: _____ Father's Cell Phone: _____

Email: _____ 2nd Email: _____

Father's Name: _____ Employer: _____ Can we reach you at work? Yes/No Phone: _____
Mother's Name: _____ Employer: _____ Yes/No Phone: _____

If parents are separated or divorced, with whom does the child live? _____

Please give address and phone number of non-custodial parent: _____

Address: _____ Phone: _____
Street (include P.O. Box) City Zip Code

Please list any person(s) who by law is not allowed to pick up your child(ren): _____

MEDICAL INFORMATION

Child's Physician: _____ Health Insurance: _____

Physician's Phone: _____ Policy Number: _____

Please list any medication your child(ren) takes: _____

Please list any physical problems the teacher should be aware of: _____

Please list any allergies of your child(ren): _____

Do you give permission for the school office to give your child(ren) Tylenol or Ibuprofen? Yes ___ No ___

EMERGENCY CONTACT INFORMATION

Please list in order person(s) to contact if parents cannot be reached:

First Contact: _____ Relation to student: _____

Address: _____

Phone/Cell: _____

Second Contact: _____ Relation to student: _____

Address: _____

Phone/Cell: _____