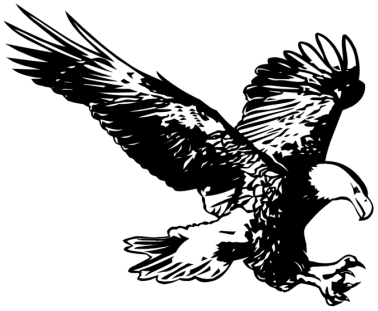

Skeels Christian School Homeschool Co-Op for 7th-12th

Registration Form | 26/27 School Year: (*August 31 – June 4)

**Program will begin September 14, 2026*

Main Campus: 3089 Pratt Lake Rd, Gladwin, MI 48624

South Campus: 1312 N State Street, Gladwin, MI 48624

Email: office@skeelschristianschool.com | Phone: (989) 240-2190

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1. Parent / Guardian Contact Information

Please provide the primary contact details for your household.

- **Primary Parent/Guardian Full Name:**

  _____

- **Street Address:**

  _____

- **City, State, Zip:**

  _____

- **Primary Phone Number:** (_____) _____ - _____ □ *Cell* □ *Home*
- **Secondary Phone Number:** (_____) _____ - _____ □ *Cell* □ *Home*
- **Primary Email Address:**

  _____

- **Emergency Contact Name (If parents unavailable):**

  _____

- **Emergency Contact Phone:** (_____) _____ - _____

2. Student Information & Class Enrollment Selections

Please complete a section for each student. If enrolling more than three students, attach an additional sheet.

Student 1

Name: _____ Birthdate (MM/DD/YY):_____

Grade Level (Current Year): _____ Age: _____

Allergies, Medical Conditions, or Special Needs:
_____

- **Enrolling Classes (Maximum 2 Choices):**
    1. *First Choice:*

        _____
    2. *Second Choice:*

        _____
- **Skeels School Sports Interest? *(Available for 5th–12th grades)*:** □ *Yes* □ *No*

Student 2

- **Full Name: _____ Birthdate (MM/DD/YY):**
  _____
- **Grade Level (Current Year): _____ Age: _____**
- **Allergies, Medical Conditions, or Special Needs:**
  _____
- **Enrolling Classes (Maximum 2 Choices):**
    1. *First Choice:*

        _____
    2. *Second Choice:*

        _____
- **Skeels School Sports Interest? *(Available for 5th–12th grades)*:** □ *Yes* □ *No*

Student 3

- **Full Name: _____ Birthdate (MM/DD/YY):**
  _____
- **Grade Level (Current Year): _____ Age: _____**
- **Allergies, Medical Conditions, or Special Needs:**
  _____
- **Enrolling Classes (Maximum 2 Choices):**
    1. *First Choice:*

        _____
    2. *Second Choice:*

        _____
- **Skeels School Sports Interest? *(Available for 5th–12th grades)*:** □ *Yes* □ *No*

3. Payment Information

*Payments must be submitted by the **15th of each month** during the school term.*

- **Payment Method Options Available**
  Cash
  Check *(Made payable to Skeels Christian School)*
  Online Payment https://skeelschristianschool.com/tuition-enrollment

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4. Authorizations & Acknowledgments

Please initial next to each statement to confirm your acknowledgment.

- _____ **Liability Waiver:** I release Skeels Christian School and its staff from liability for injuries occurring during co-op activities.
- _____ **Photo Release:** I permit the use of student photographs for internal and school promotional materials.
- _____ **Code of Conduct:** My student(s) and I agree to follow the behavioral and academic standards of the school.
- _____ **Financial Policy:** I understand that all co-op payments are due by the 15th of each month.

Parent/Guardian Signature: _____

Date: _____

Submission Instructions

Please return your completed physical registration paperwork & then scan and email it to

office@skeelschristianschool.com

Alternatively, you can drop off forms directly at the main campus

3089 Pratt Lake Rd Gladwin, MI

Please call to schedule drop off