

Medical

Child's Doctor: _____ Phone: _____

List pertinent health condition (allergies, medications, etc.) or emergency information:

New students please attach immunization records from your doctor or Health Department. If you have declined vaccinations, please attach an exemption letter for our files.

Medical Insurance Co: _____

Policy/Group #: _____

Preferred Hospital: _____

Transportation

Names of up to 4 persons authorized to be contacted in case of an emergency and/or approved to pick up and/or drop off:

| Name | Cell/Home Phone | Work Phone | Emergency Contact | Approved to Transport |
|------|-----------------|------------|-------------------|-----------------------|
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Once admitted, you may add additional people to the parent portal, Sycamore.

Schedule (must be toilet trained)

Please circle:

5 Whole Days, 8:30am - 3:30pm (3 and 4 year olds)

3 Whole Days (M, W, F), 8:30am - 3:30pm (3 year olds only)

5 Half Days, 8:30am – 11:45am (3 year olds only)

Siblings

1. Name _____ DOB _____ Grade _____ School _____

2. Name _____ DOB _____ Grade _____ School _____

3. Name _____ DOB _____ Grade _____ School _____

Signatures

Mother: _____ Date: _____

Father: _____ Date: _____

Non-Discriminatory Policy: Atonement admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded, or made available, to students in school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic and other school-administered programs.