



Enrollment Form

Preschool

2020-21



Date: _____ B/C: _____ Fee: _____ Imm: _____ Records: _____

Child (must be toilet trained)

Name: _____ Date of Birth: _____
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

Phone (home/cell): _____ Email: _____

Male Female Applying for: 3-year-old (must be 3 by 9/30) _____
 4-year-old (must be 4 by 9/30) _____

Month Baptized: _____ Church Baptized: _____

Home Church: _____ Attends Sunday School Regularly? Yes No

I give my permission to ALCS to publish my child's work, photography, and/or video on the school's website and in publications representing ALCS. I understand my agreement to publish releases ALCS from any responsibility related to the publishing of student work, photos, and/or videos. YES NO

I give my permission to publish personal address and phone number in the ALCS student roster/directory. Please indicate if there is certain information you'd like us to withhold (ie., cell, home phone, email, mailing address, etc.)

YES NO

Guardians

Child resides with (circle): Mother Father Step-Father Step-Mother Other

Primary Guardian: _____ Relationship to child: _____

Who holds legal custody (attach documentation): _____

Mother check if same address as above:

Name: _____

Address (if different): _____

Employer: _____

Occupation: _____

Work Phone: _____

Home/Cell: _____

Email: _____

Home Church: _____

Attends Regularly: Yes No

Father check if same address as above:

Name: _____

Address (if different): _____

Employer: _____

Occupation: _____

Work Phone: _____

Home/Cell: _____

Email: _____

Home Church: _____

Attends Regularly: Yes No

Married: _____ Divorced: _____ Widowed: _____ Single: _____

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

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

- Name _____ DOB _____ Grade _____ School _____
- Name _____ DOB _____ Grade _____ School _____
- 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.