



ATONEMENT LUTHERAN SCHOOL

CHILD CARE REGISTRATION FORM

2020-2021

Name of Student	Grade	Special Health Conditions <i>If checked yes, please complete the backside of this form.</i>
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes

Mother's Information		
Name (Last, First)		<input type="checkbox"/> Mother <input type="checkbox"/> Step-mother <input type="checkbox"/> Legal Guardian
Address		City, State, Zip Code
Employer	Work Phone: _____ Ext. _____	
	Cell Phone: _____	
Father's Information		
Name (Last, First)		<input type="checkbox"/> Father <input type="checkbox"/> Step-father <input type="checkbox"/> Legal Guardian
Address		City, State, Zip Code
Employer	Work Phone: _____ Ext. _____	
	Cell Phone: _____	

If divorced, who has legal custody? _____

Can non-custodial parent pick up the child(ren)? _____

Authorized Pick-Up (other than custodial parent)		
Name	Relation to Student	Phone Number

Emergency Contacts		
Name	Relation to Student	Phone Number

Special Health Conditions

Student's Name: _____ **Grade:** _____

Physician's Name: _____ **Phone Number:** _____

Preferred Hospital: _____

Please explain the special medical condition(s)/needs of this student:

Student's Name: _____ **Grade:** _____

Physician's Name: _____ **Phone Number:** _____

Preferred Hospital: _____

Please explain the special medical condition(s)/needs of this student:

Student's Name: _____ **Grade:** _____

Physician's Name: _____ **Phone Number:** _____

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Please explain the special medical condition(s)/needs of this student:
