

# Atonement Preschool Emergency/Personal Information

Help us get to know your family better & obtain the emergency information we need before your child begins school.

This information is for staff use only and will not be released to anyone without your consent.

Child's Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mom's Day Phone (while child's in school): \_\_\_\_\_ Dad's Day Phone (while child's in school): \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_ Address (if different from child): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Doctor's Name/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name/Office \_\_\_\_\_ Phone \_\_\_\_\_

Are these the doctor/dentist you would like contacted *in an emergency*? Yes \_\_\_\_ Other contact information: \_\_\_\_\_

Please list any **allergies or special needs** your child has which we need to be aware of \_\_\_\_\_

List any persons (*other than parents*) authorized to pick your child up from school: attach list if needed

Name	Relationship	Phone
1. _____	_____	_____
2. _____	_____	_____

Please list **two persons** who can be contacted (*other than parents*) in an **emergency**: (required by state law)

Name	Address	Relationship	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Child's Siblings Names & Ages: \_\_\_\_\_

Pet's Names & Type of Animal: \_\_\_\_\_

Activities you enjoy doing as a family: \_\_\_\_\_

**\*\*ALL INFORMATION MUST BE COMPLETE BEFORE RETURNING. THANK-YOU!**