

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!**