



ATONEMENT LUTHERAN SCHOOL
EXTENDED CARE REGISTRATION FORM
2022-2023

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: _____ Email: _____

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: _____ Email: _____

If divorced, who has legal custody? _____

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

Authorized Pick-Up (<i>other than custodial parent</i>)		
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:** _____

Preferred Hospital: _____

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