



School Year \_\_\_\_\_  
Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First) (Middle) (Last)  
Sex: M or F Age Sept 1<sup>st</sup> \_\_\_\_\_

Who does the child live with? Both Parents Mother Father Other \_\_\_\_\_  
Who is responsible for tuition payments? Both Parents Mother Father Other \_\_\_\_\_

Mother/Female Guardian's Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Male Guardian's Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

In case of an emergency, or if a parent is unable to be reached, I authorize the following person(s) to be notified:

\_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(Name and Relationship)

\_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(Name and Relationship)

\_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(Name and Relationship)

**IMPORTANT!** Who is authorized to pick up your child from school? We will NOT release your child to anyone who is NOT on this list. If an unauthorized person comes, we will notify you to obtain your permission. The late fee (1\$/min) will apply until we reach you or an authorized person arrives.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daycare Provider \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have a food allergy? No Yes Explain \_\_\_\_\_

Does your child have a medical condition we should be aware of (diabetes, asthma, etc.)? No Yes  
Explain \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Language spoken at home \_\_\_\_\_

If divorced, which parent has authority to make school/child decisions? Mother Father Both

Are there any restraining orders to protect the child? No Yes  
(If yes, a copy of the restraining order and photo of this person must be provided for school records .)

Has your child had previous school experience? No Yes Where? \_\_\_\_\_

Name of church you attend: \_\_\_\_\_ Is your child baptized? No Yes

**Please list all of your child's brothers and sisters.**

Name	Birth Date	Age	Attended CPAL in the past?	
			No	Yes
			No	Yes
			No	Yes
			No	Yes
			No	Yes
			No	Yes

How did you hear about our program?

Referred by someone. Who? \_\_\_\_\_

Internet search

Community Ads. Where? \_\_\_\_\_

Banners and signs on our property

Other \_\_\_\_\_

\_\_\_\_ (initials) I have received the CPAL Parent Handbook and agree to abide by its policies.

\_\_\_\_ (initials) I understand that my information will not be shared with anyone outside of the governing bodies of the Lutheran Church of the Atonement.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_