

## Atonement

Christian Day School 909 E. Main Street Barrington, IL 60010 847-382-6360 ACDS@churchofatonement.org

Signature of Parent/Guardian	Date
Child(ren)Name(s)	
I acknowledge and accept the terms listed in this A Parent Handbook which includes the guidance/disc	greement. I also acknowledge that I have received a copy of the cipline policy and the drop off/pick-up policy.
· · · · · · · · · · · · · · · · · · ·	ipline Policy in all situations. If a child has a behavioral control problem, achers and parents; the director reserves the right to withdraw the child. onal setting for the child will be made by the director
<b>9</b> . Atonement Christian Day School is required to report any with this mandate	case of child abuse and/or suspected neglect of a child. All staff will comply
<b>8.</b> I am aware that children will say grace before snack and luck Children will also be taught during pastor time by the staff of	nch and will be taught Christian concepts appropriate for preschoolers. the Lutheran Church of the Atonement
7. The school will not be responsible for anything that may o	ccur as the result of false information given at the time of enrollment
	d to the classroom and sign the child "in", the child must also be signed out ty if a child has not been signed in when he/she arrives for the day
<ol><li>I hereby grant permission for my child's information (child school directory. The directory will not include any information</li></ol>	ren's names, address, phone number and email) to be published in the on that the parents specifically request be excluded
<b>4.</b> I hereby grant permission for my child to be in pictures cor with any pictures. Pictures of children will not be used on the	nected with the program. The names of children will never be released church/school website
<b>3</b> . I hereby grant permission for my child to leave the school members for neighborhood walks	premises under the supervision of Atonement Christian Day School Staff
2. I hereby grant permission for my child to use all the play ed	quipment and participate in all activities of the school
transported and understand that any expense incurred will be situations the staff will need to contact the emergency resour	the responsibility of the parents. It is understood that in some medical ce before the parents, child's physician and/or adult acting on the parent's nool staff to take whatever emergency measures (first aid, disaster, etc.)
1. treatment if the local emergency resource (police, rescue s	quad, etc.) deems it necessary. I grant permission for my child to be