



## ACDS Student Consent and Release

Atonement Christian Day School  
909 E. Main Street  
Barrington, IL 60010  
847-382-6360  
[ACDS@churchofatonement.org](mailto:ACDS@churchofatonement.org)

1. I consent to treatment if the local emergency resources (police, rescue squad, etc.) deems it necessary. I grant permission for my child to be transported and understand that any expense incurred will be the responsibility of the parents. It is understood that in some medical situations the staff will need to contact the emergency resource before the parents, child's physician and/or adult acting on the parent's behalf. I grant permission to the Atonement Christian Day School staff to take whatever emergency measures (first aid, disaster, etc.) are deemed necessary for the protection and care of my child under the supervision of the school. \_\_\_\_\_
2. I hereby grant permission for my child to use all the play equipment and participate in all activities of the school. \_\_\_\_\_
3. I hereby grant permission for my child to leave the school premises under the supervision of Atonement Christian Day School Staff members for neighborhood walks. \_\_\_\_\_
4. I hereby grant permission for my child to be in pictures/media connected with the school. The names of children will never be released with any pictures. Pictures of children will not be used on the church/school website. \_\_\_\_\_
5. I hereby grant permission for my child's information (children's names, address, phone number and email) to be published in the school directory. The directory will not include any information that the parents specifically request be excluded. \_\_\_\_\_
6. Parents or authorized caretakers must accompany the child to the classroom and sign the child "in", the child must also be signed "out" at the end of the day. The school will not assume responsibility if a child has not been signed in when he/she arrives for the day. \_\_\_\_\_
7. The school will not be responsible for anything that may occur as the result of false information given at the time of enrollment. \_\_\_\_\_
8. I am aware that children will say grace before snack and lunch and will be taught Christian concepts appropriate for preschoolers. Children will also be taught during pastor time/Childrens Chapel by the staff of the Lutheran Church of the Atonement. \_\_\_\_\_
9. Atonement Christian Day School is required to report any case of child abuse and/or suspected neglect of a child. I understand all staff will comply with this mandate. \_\_\_\_\_
10. The Atonement Christian Day staff will adhere to the Discipline Policy in all situations. If a child has a behavioral control problem, which continues after three conferences with the Director, teachers, and parents; the Director reserves the right to withdraw the child. Every attempt to help the parents find an appropriate educational setting for the child will be made by the director if available. \_\_\_\_\_
11. I give permission for ACDS staff to apply sunscreen as needed while in attendance at ACDS. If I do not apply or supply my preferred sunscreen, I agree to the use and application of sunscreen that is available at school. \_\_\_\_\_
12. I understand that tuition must be paid in advance of attendance. I agree to pay the designated late fee for late payments. Failure to pay tuition or make arrangements for payment will result in dismissal and collection procedures. \_\_\_\_\_
13. I will not send toys or personal items to school unless requested by my child's teacher. \_\_\_\_\_
14. Your child may have the opportunity to participate in a special program, event or field trip. This may result in an additional fee due before the event or at the time of the event. Notices of the events and fees will be posted in advance. A signed permission slip will be required for your child to participate. \_\_\_\_\_

**I acknowledge and accept the terms listed in this Agreement. I also acknowledge that I have received a copy of the Parent Handbook which includes the guidance/discipline policy and the drop off/pick-up policy.**

\_\_\_\_\_  
Child Name

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

\_\_\_\_\_  
Date