



Carden Christian Academy
3290 Bauer Road
Pensacola, Fl
850-492-4873

7th – 12th Student Records

Name: _____

Carden Upper School/High School

Upper School File Folder

- Birth Certificate
- Enrollment Form
- Tuition Agreement
- Registration. & Emergency Info Form
- Discipline Policy
- Van Rules
- Medical Questionnaire
- Copy of SS. Card

Health File Folder

- Registration & Emergency Info Form (COPY)
- Shot Record
- Health Certificate

Academic File Folder

- Previous School Records
- IEP (if McKay)
- Letters of Recommendation
- Discipline Record
- What I want my teacher to know
- Other: _____



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2024-2025 Enrollment

Start Date _____

___7th ___8th ___9th ___10th ___ Summer ___11th ___Summer ___12th

Extended Care: 7:30-5:00 Monday - Friday

SUBMISSION OF THIS FORM MUST BE ACCOMPANIED BY THE REGISTRATION FEE OF \$150.

Student's Name: _____
FIRST MIDDLE LAST / /
Date of Birth

Address of Student: _____
STREET ADDRESS CITY ZIP CODE

Full Name of Mother/Guardian: _____ Home Phone: _____

Mother's Occupation: _____ Cell Phone: _____

Full Name of Father/Guardian: _____ Home Phone: _____

Father's Occupation: _____ Cell Phone: _____

E-Mail Address: _____ School previously attended: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone _____

Parent/Guardian Signature: _____ Date: _____

Please check box if information above has changed since 2019-2020 school year registration. If you have checked this box, please request a new registration form from front desk.

If you choose and are accepted to follow the AA Degree path through Liberty University, please choose one of the following degrees:

- | | |
|---|--|
| <input type="checkbox"/> Business | <input type="checkbox"/> Biblical Studies |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Creative Writing |
| <input type="checkbox"/> Education | <input type="checkbox"/> History |
| <input type="checkbox"/> Information Systems | <input type="checkbox"/> Medical Office Assistant |
| <input type="checkbox"/> Interdisciplinary Studies | <input type="checkbox"/> STEM Mathematics |
| <input type="checkbox"/> Paralegal Studies | |
| <input type="checkbox"/> Psychology | |
| <input type="checkbox"/> Religion | |



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VAN RULES

Parents / Student(s):

The school van is used during the school year to transport students to and from field trips, after school drop off and for transportation during emergency procedures.

Please read and review with your child the following school van rules that will be enforced for the safety of all riders.

ALL STUDENTS are expected to:

- *OBEY the bus/van driver.
- * KEEP aisles clear of books, bags, and body parts
- * SPEAK quietly at all times.
- * KEEP hands, head, and objects inside windows.
- * STAY in your seat with your seat belt buckled until bus comes to a complete stop.

I understand our school bus safety rules and will obey them.

_____ / _____	_____	_____
Student Signature	Print Name	Date
_____ / _____	_____	_____
Parent Signature	Print Name	Date



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DISCIPLINE POLICY

- No physical, humiliating, or degrading punishments.
- No harsh treatment or use of abusive language.
- Food, rest, or toileting will not be associated with disciplining.
- Examples will be used to teach respect for self, others, and caregivers.
- Child's behavior will be redirected if behavior is unacceptable.
- Time out will be used to teach respect for self, others, and caregivers.
- Positive reinforcement will be given as a reward for acceptable behavior.
- Explanation will be given to child why certain behavior is unacceptable.
- Child's behavior will be redirected if behavior is unacceptable.
- Time out will be used if redirected activity is unsuccessful or behavior is out of control.
- Parents will receive written Incident Reports when the following occur: spitting, foul/abusive language, biting, hitting/fighting, physical aggression, stealing, leaving supervised area, disrespectful to staff and willful destruction of property.
- Parental cooperation and consultation will be scheduled for a child's repeated and unresolved behavior problems.
- Suspension will be issued for hitting a teacher or fellow Student..
- The Principal reserves the right to dismiss a child if behavior problem is unresolved. A child may be dismissed for repeated incidents. Physical aggression may result in immediate dismissal if a child hits a teacher or fellow student.
- We will keep a confidential log of unacceptable behavior to help staff identify patterns of behavior and plan corrective strategy. Parents can view log by appointment.

Child's Name: _____

Parent/Guardian: _____ Date: ____/____/____



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Pick Up & Emergency Information Form

Age/Grade

Date of Enrollment

Pick up time

Please complete it fully. If phone number is not local, be sure and give the area code.

Child's Name: Last First M.I. Birthdate

Home Address: City Zip Home Phone #

Mother's Full Name Cell Phone # Employer Work Phone

Father's Full Name Cell Phone # Employer Work Phone

Mother's Email Address Father's Email Address

How did you hear about Carden Christian Academy? attended previously school sign
 internet family/friend/neighbor newspaper Billboard Hwy 98 Billboard Blue Angel

Parents are: Married & living together Separated Divorced Single Parent Deceased
Mom/Dad

If separated or divorced, which parent has primary custody of the child? _____

May Parent without custody pick up from Carden Christian Academy? _____

***** CARDEN CHRISTIAN ACADEMY MUST HAVE COURT ORDER ON FILE IF PARENT WITHOUT CUSTODY CANNOT PICK UP THE CHILD *****

Names of persons authorized to pick up child from the facility, **other than Parents:**

NAME	RELATIONSHIP	PHONE NUMBERS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This form completed by (Print Name) _____

Signature _____

Date _____



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CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the parent or authorized representative of _____, I hereby give consent to Carden Christian Academy to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D) Osteopath (D.O.) OR Dentist (D.D.S).
 This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child named above.

In case of an emergency which hospital would you prefer your child be taken _____

Child has the following MEDICATION ALLERGIES _____

Physician or Dentist to be called in an Emergency.

Physician's Name	Address	phone number
Medical plan and Number: _____		

Dentist's Name	Address	phone number
Dental Plan and Number: _____		

Please list ALL food and other allergies your child has:

My child is on the following regular medications: _____

Permission for photographs, assessment, and sunscreen / bug repellent

Please initial all that apply

- _____ I give permission for photographs of my child to be taken and used in school related publications (yearbook, etc. for Carden Christian Academy.
- _____ I give permission for Carden Christian Academy to assess my child as necessary as part of the academic program.
- _____ I give authorization for Carden Christian Academy to apply sunscreen or bug repellent that I provide for my child when deemed necessary.
- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- • Section 402.3125(5), F.S., requires that parents receive a copy of the Childcare Facility Brochure, "Know Your Childcare Facility" (CF/PI 175-24), **or**
- • Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the childcare facility, **or**
- discipline policy be available for review by the parent(s).
- Your signature below indicates that you have received the above items and that the information on
- This enrollment form is complete and accurate.

This form completed by: (Print Name) _____

Signature _____

Date _____



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ABSENTEE AND TARDINESS POLICY

ABSENCES

Attendance is mandatory for all students to ensure they get the most from our academic program. All students must attend school daily. Children who attend daily have a greater chance of success in school.

Approved, prearranged absences are intended to meet extenuating circumstances of families. Carden strongly discourages student absences during the school year. If such an absence is inevitable, the parent is required to write a note or send an email to the school at least 5 school days prior to the absence.

TARDIES

It is important that each child be at school by the time school begins. A student will be considered tardy if not seated in the classroom by the designated time.

- All students who arrive after 8:00 a.m. must be signed in by an Adult
- After 3 unexcused tardies an unexcused absence will be added to the child's records
- Tardiness is very disruptive to the classroom and causes an adjustment problem for everyone
Students arriving late will be escorted to class by a member of our faculty

Late Arrivals and Early Departures

Students may not leave the school grounds without permission or arrive on campus after 8:00 a.m. without checking in at the Front Office

2. For unplanned early departures, contact must be established between the parents and the front office concerning the specifics of the departure
3. Excessive occurrences of arriving late or leaving early will be addressed by the principal

Absentee Notes from Parents

A parent must be specific in his/her written note or email about the reason for the absence when reporting to the school office. The note or email should be sent upon return and should include the date of absence and the reason. When the note is received, the administration will review the note and decide on whether it is excused or unexcused. Absences exceeding the yearly amount of 13 set by the DOE, will require a doctor's note upon returning

I have read and will abide by the Absentee/Tardiness policy.

Student Name: _____ Parent's Name (Print): _____

Parent's Signature: _____



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RECORDS REQUEST

Prior School Name _____

Address _____

_____ City State Zip

Contact _____

To Whom It May Concern:

_____, DOB _____, is registered at Carden

Christian Academy. Please release all Cumulative Academic, Discipline and Health Records you have for my child to Carden Christian Academy. Thank you for your immediate attention to this matter.

Print Parent/Guardian Name

Signature

Date