



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

## K-6<sup>th</sup> Student Records

Name: \_\_\_\_\_

### Kindergarten / Elementary

#### **Elementary File Folder**

- Birth Certificate
- Enrollment Form
- Tuition Agreement
- Registration. & Emergency Info Form
- Discipline Policy
- Van Rules
- Tell Us About Your Child
- Copy of SS. Card

#### **Health File Folder**

- Registration & Emergency Info Form (COPY)
- Shot Record
- Health Certificate
- Copy of SS. Card

#### **Academic File Folder**

- Previous School Records
- IEP (if McKay)
- Other: \_\_\_\_\_

#### **Classroom File Folder**

- Tell Us About Your Child



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**2024-2025 Enrollment**

**Start Date** \_\_\_\_\_

\_\_\_K \_\_\_1<sup>st</sup> \_\_\_2<sup>nd</sup> \_\_\_3<sup>rd</sup> \_\_\_4<sup>th</sup> \_\_\_5<sup>th</sup> \_\_\_6<sup>th</sup>

Extended Care: \_\_\_7am – 5:00 p.m. Monday- Friday \

**SUBMISSION OF THIS FORM MUST BE ACCOMPANIED BY THE REGISTRATION FEE OF \$125.**

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 the box if information above has changed since 2020-2021 school year registration. If you have checked this box, please request a new registration form from the front desk.



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### TELL US ABOUT YOUR CHILD

Child's Name: \_\_\_\_\_ Child's Birthday: \_\_\_/\_\_\_/\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Names & Ages of Other Children in Family:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

Is any language other than English spoken at home? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_

At the present time, do you have any special concerns in regard to your child's development (i.e. speech, motor development, behavior, etc.)  
\_\_\_\_\_

Does your child have any health problems, including allergies that we should be aware of? If not, please write NONE.  
\_\_\_\_\_

Has your child had any serious accidents, illnesses or operations? \_\_\_yes \_\_\_no If yes, please explain.  
\_\_\_\_\_

Does your child take medication regularly? \_\_\_\_\_

What previous classroom experiences has your child had (i.e. daycare, Sunday School, VBS, summer camp, etc.)  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## VAN RULES

### Parents / Student(s):

The school van is used during the school year to transport students for 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 the 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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## 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