



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

Re-enrollment

School Year _____

Grade Level _____

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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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** _____