



# Carden Christian Academy

3290 Bauer Road, Pensacola, Florida 32506  
850-492-4873

## Registration & Emergency Information Form

\_\_\_\_\_  
Age/Grade

\_\_\_\_\_  
Date of Enrollment

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

\_\_\_\_\_  
Child's Name: Last                                      First                                      Middle                                      Birthdate

\_\_\_\_\_  
Home Address:                                      City                                      Zip                                      (    )                                      AC                                      Home Phone

\_\_\_\_\_  
Mother's Email Address (please print clearly)                                      Father's Email Address (please print clearly)

\_\_\_\_\_  
Mother's Full Name                                      Cell Phone #                                      Employer                                      Work Phone

\_\_\_\_\_  
Father's Full Name                                      Cell Phone #                                      Employer                                      Work Phone

How did you hear about Carden Christian Academy?     attended previously     family/friend/neighbor  
 newspaper     school sign     internet     NAS Pensacola Guide Book     other: \_\_\_\_\_

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

If separated or divorced, which parent has primary custody of child? \_\_\_\_\_

May Parent without custody pick up from Carden Christian Academy?    \_\_\_\_\_ YES    \_\_\_\_\_ NO

**\*\*\* 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 \_\_\_\_\_

## 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.

**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

- \_\_\_ I give permission for photographs of my child to be taken and used in school related publications (yearbook, etc. and bulletin boards for Carden Christian Academy.
- \_\_\_ I give \_\_\_ do not give permission for my child's photo to be placed in Carden Connection sent via the internet.
- \_\_\_ 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.

**This form completed by:** (Print Name) \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_