

**Carden Christian Academy**

3290 Bauer Road

Pensacola, Florida 32506

850-492-4873

**Registration & Emergency Information Form \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_**

 Date of Enrollment Age/Grade

*Please complete fully. If phone number is not local,*

*be sure and give the area code.*

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**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 \_\_family/friend/neighbor**

 **\_\_newspaper \_\_school sign \_\_internet \_\_ NAS Pensacola Guide Book \_\_other:**

**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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\* 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 then Parents**:

**NAME RELATIONSHIP PHONE NUMBERS**

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

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

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**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**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. 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.
* • Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility
* Brochure, "Know Your Child Care 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 child care 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 \_\_\_\_\_**