



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

K-6th 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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2026-2027 Enrollment

Start Date _____

____ K ____ 1st ____ 2nd ____ 3rd ____ 4th ____ 5th ____ 6th

Extended Care: ____ 7am – 5:00 p.m. 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 the box if information above has changed since 2025-2026 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, you tube, Instagram, Snapchat, 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