



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

K4 Student Record

Child's Name: _____

Enrollment File Folder

- Birth Certificate
- Enrollment Form
- Tuition Agreement
- Reg. & Emergency Info Form
- Attendance/ Tardiness
- Discipline Policy
- Van Rules
- Sunscreen/Photo/Eval. Permission
- Tell Us About Your Child
- Copy of SS. Card

Health File Folder

- Reg. & Emergency Info Form (COPY)
- Health Certificate
- Shot Record

Classroom File Folder

- Tell Us About Your Child



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2026-2027

K4 Enrollment

Start Date _____

Tuition

_____	Full Time (8:00-2:00 Aug-May)	\$6000-year/\$600 10-month
_____	Extended Day (7:00- 5:00 Aug-May).....	\$6950-year/\$695 10-month
_____	Extended Day (7:00- 5:00 June-May)	\$8340-year/\$695 12-month

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



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K4 ABSENTEE AND TARDINESS POLICY

ABSENCES

Attendance is mandatory for all students to ensure they get the most from our academic program. All students must attend school daily. Children who attend on a daily basis have a greater chance of success in kindergarten.

TARDIES

Tardiness is very disruptive to the classroom and causes an adjustment problem for everyone. Please be courteous and have your child to school on time. Classes begin promptly each day. Students should be in the classroom and ready for lessons at the designated start time.

Students who are late will be escorted to class by a member of our staff.

I have read and will abide by the Absentee/Tardiness policy.

Student Name: _____ Parent's Name (Print): _____

Parent's Signature: _____



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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:

The school van is used during the school year for k4 transportation during emergency procedures only.

Please read and review with your child the following school van rules that will be enforced for the safety of all riders.

1. **ALWAYS**, obey the bus/van driver.
2. **WALK** as you get on and off the bus/van. Hold on to railings.
3. **KEEP** aisles clear of books, bags, and body parts
4. **SPEAK** quietly at all times.
5. **KEEP** hands, head, and objects inside windows.
6. **STAY** in seat with belt buckled until told to remove seatbelt.

I understand our school bus safety rules and will obey them.

Parent Signature

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 the 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 after receiving three (3) incident reports. Physical aggression may result in immediate dismissal.
- We will keep a confidential log of unacceptable behavior to help staff identify patterns of behavior and plan corrective strategies. Parents can view log by appointment.

Child's Name: _____

Parent/Guardian: _____ 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, Facebook 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** _____