

Registration

Name of Child _____
Last First MI

Preferred Name _____ Sex _____ Birthdate _____

Mailing Address _____
Zip Code _____

New Student _____

Returning Student _____

Parent Information

Father's Name _____ Mother's Name _____

Home Phone _____ Home Phone _____

Beeper/Cellular Phone _____ Beeper/Cellular Phone _____

Business Phone _____ Business Phone _____

Occupation _____ Occupation _____

Email Address _____ Email Address _____

Job Title _____ Job Title _____

Who has legal custody of the child? _____

Church Membership _____

Other schools attended _____

I understand this is a parent cooperative Christian school administered by Church By the Sea and I accept the school's philosophy of Christian Education.

I am enclosing a non-refundable registration fee and a tuition deposit.

Signature Parent/Guardian

Date

Registration

Emergency/Medical Information

Persons to be contacted in case of illness, accident or emergency, if for some reason the parent or guardians cannot be reached. These persons are authorized to remove the child from our facility and are responsible enough to make decisions for the safety and well being of your child. If none, indicate (none).

Name _____ Relationship _____

Home Phone _____ Business Phone _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Preferred Hospital _____ Insurance Company _____

May the school contact another physician if unable to contact the one listed above? _____

Is there any health (medical, physical, emotional) information that the school should know about so we may deal effectively with your child? _____

Is your child on any medication? Please list: _____

Please attach two current standard health certificates for your child. State law requires that no child will attend the first day of class without the two required Florida Health forms. Forms DH 3040 and DH 680 can be obtained from your family physician. At all times during the school calendar year, your child's immunizations must be current and up to date.

NO STUDENT WILL BE ADMITTED WITHOUT A MEDICAL FORM.

I agree that the above information is correct to the best of my knowledge and I will provide the school office with any emergency contact card for my child's file.

Furthermore, I authorize medical treatment for my child in case of EMERGENCY.

Signature Parent/Guardian

Date