



Centner Academy 2019-2020
Design District Campus, Registration Form

Name of Child Admission Date

First Middle Last Preferred Name

Street Address: City State Zip

Home Phone Entry Grade Level (2019-2020):

Gender: Birth Date: / /

City and Country of Birth: Primary Language:

Citizenship/Culture(s) : Siblings (ages in parentheses):

Family's Religious Affiliation (optional)

Weight: Hair Color: Eye Color:

Distinctive Marks: Code Word:

Parents: () Married () Divorced () Separated () Widowed () Single

Parent/Guardian 1, Name: Relationship:

Home Address:

Email: Cell: Home:

Employer name and address: Work:

Parent/Guardian 2, Name: Relationship:

Home Address:

Email: Cell: Home:

Employer name and address: Work:

Work Hours From To on S M TU W TH F S

From To on S M TU W TH F S

If parents are divorced, child lives with (circle one): Both parents Mother Father Legal Guardian

Is divorce or legal guardian paperwork/decree on file (circle one)? Yes No

If parents are divorced, who is the legal guardian (circle one)?

Both parents **Mother** **Father** **Legal Guardian**

If legal guardian is not parent please fill in the following:

Legal Guardian, full legal name: _____

Street Address _____ City _____ State ___ Zip _____

Telephone _____ Email _____

Child's Doctor (or clinic): _____

Street Address _____ City _____ State ___ Zip _____

Telephone _____ Email _____

Emergency Contact Information

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

<p>Emergency Contact 1 Name: Cell phone: Relationship:</p>	<p>Emergency Contact 2 Name: Cell phone: Relationship:</p>
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Are these persons authorized to make medical decisions for your child if you cannot be reached? **Yes** **No**

Pick-Up Information

The following people **HAVE permission** to pick-up the child(ren) from Centner Academy. It is my responsibility to notify Centner Academy in writing of any changes.

<p>Contact 1 Name: Cell phone: Relationship:</p>	<p>Contact 2 Name: Cell phone: Relationship:</p>
<p>Contact 3 Name: Cell phone: Relationship:</p>	<p>Contact 4 Name: Cell phone: Relationship:</p>

The following people **MAY NOT** pick-up my child(ren) from Centner Academy:

<p>Name: Cell phone: Relationship:</p>	<p>Name: Cell phone: Relationship:</p>
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Note: Any person unfamiliar to the preschool will be required to show photo proof of identification and state the code word. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

FLORIDA DEPARTMENT OF FAMILIES (DCF) REQUIREMENTS

- 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."
- Section 65C-22.001(7)(n), "Influenza Virus, Guide to Parents."

I give permission for my child to be included in classroom and school-wide activity photos, and videos taken by Centner Academy staff or parents during the school day. I understand that these will be used only for classroom or hallway display, in the school yearbook, brochures and/or on our social media sites.

Please circle one: Yes No

By signing below, you agree that this is a legally binding form. Providing false information will result in termination of enrollment status and forfeiture of retainer.

Parent/Guardian's Signature

Date