



Start Date _____
Office Use Only

Family Information

Child lives with:

Guardian 1 _____
Relation to student _____ Cell Phone (____) _____ - _____
Employer _____ Work Phone (____) _____ - _____
E-mail _____

Guardian 2 _____
Relation to student _____ Cell Phone (____) _____ - _____
Employer _____ Work Phone (____) _____ - _____
E-mail _____

If the child does not live with both natural parents, please list the name, address and phone number of the other parent

Name _____
Home Phone (____) _____ - _____
Address _____
City _____ State ____ Zip _____
Relation to student _____
Would this parent like correspondence? Yes No

Student Information

Last First Middle
 I have an older brother/sister attending Turning Point Christian Academy.
Goes By _____ Gender: Male Female
DOB ____/____/____ SSN _____ - _____ - _____ **(required)**
Grade Entering *(circle one)*:
K 5 1 2 3 4 5 6 I will also need before/after school care.
Home Phone (____) _____ - _____
Address _____
City _____ State ____ Zip _____

In an emergency, if the parents listed above can not be reached, please call
Name _____ Cell Phone(____) _____ - _____
Name _____ Cell Phone(____) _____ - _____

Persons Authorized to Pick up Student *(ID required at time of pick up)*
Name _____ Name _____
Name _____ Name _____

Medical Information

Physician _____ Phone (_____) _____ - _____

Does the student have any physical limitations (*ex. Asthma, etc.*) or allergies?

Yes No

If yes, please describe *limitation, severity, and treatment*:

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 65C-22.006(4) (C) 2., F. A. C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

Transfer Students: Please indicate the full name and address of the school previously attended.

By signing below, you verify that you have received the above item and that all information on this enrollment form is complete and accurate.

Signature of Parent /Guardian

Date

Please return the appropriate non-refundable registration fee with this application.