

Information Release—Internal Use Only

I authorize The Cathedral School to provide the above and below phone numbers and email addresses to the staff and teacher(s) for my child’s class. This information will be utilized for emergency calls and blast announcements.

Signature of Parent/Guardian _____

Date: _____

Name (Printed) _____

Emergency and Pick-Up Information (other than parents)

(To be contacted only if parents cannot be reached)

Contact Name: _____ Relation: _____

Home Phone: _____ Business: _____ Mobile: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Business: _____ Mobile: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Business: _____ Mobile: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Business: _____ Mobile: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Business: _____ Mobile: _____

Helpful Information about Your Child (Please include any allergies your child may have.):

This facility must provide parents with a copy of the Florida Department of Children and Families Informational Brochure, in accordance with section 402.3125(5), Florida Statutes, and obtain a signed statement to that effect [Florida Administrative Code (FAC), Chapter 65C-22.Q06{4}]. I attest this brochure was provided to me in the Enrollment Package.

Chapter 65C-22.001(8)(a), FAC, states that parents must be notified in writing of the disciplinary practices used by the child care facility, and verified with a signed statement, FAC Chapter 65C-22.006(4). I attest that the Discipline Policy is stated in the 2021/2022 Parent Handbook and was provided on the school's website (www.jaxcathedralschool.org).

By your signature, you verify that all Information on this enrollment form is complete and accurate.

By your signature, you verify that you are aware that Chapter 85C-22.006(2), Florida Administrative Code, requires a current physical examination (Form 3040) and immunization record (Form 680) within 30 calendar days **of initial enrollment**. Further, by your signature, you verify that you are aware that the aforementioned health records must be current at all times while your child is enrolled at The Cathedral School for your child to remain enrolled.

Signature of Parent/Guardian

Date

Name of Parent/Guardian (PRINTED)

Date

Signature of Parent/Guardian

Date

Name of Parent/Guardian (PRINTED)

Date