



Office Use Only	
Date Application Received: _____	
Ver.: _____	Date Tested: _____ % Grade: _____
Grade Level: _____	Condition: _____
PARENT I.D. # _____	

Accredited By: FLOCS/ACTS

RE-ENROLLMENT APPLICATION 2013-2014 PRESCHOOL

STUDENT INFORMATION SECTION

PLEASE PRINT

Child

Last Name: _____ First Name: _____ M/I: _____
 Social Security Number: _____
 Male/Female: ____ Birth Date: _____ Grade entering: _____
 Lives with natural parent (Y/N): ____ Church Affiliation: _____

Child

Last Name: _____ First Name: _____ M/I: _____
 Social Security Number: _____
 Male/Female: ____ Birth Date: _____ Grade entering: _____
 Lives with natural parent (Y/N): ____ Church Affiliation: _____

The following information should be given for the
 Parents, Step-Parents, Foster Parents, and/or Custodians with whom the child resides

PARENT AND GUARDIAN INFORMATION

Home Address _____
 (City) _____ (State) _____ (Zip) _____
 (Tel.) _____ (Cell/Beeper) _____ (E-mail) _____

Parent/Guardian

Parent/Guardian

 Last Name, First & Middle Initial

 Relationship to Student

 Occupation

 Employer

 Work Phone

 Cell

 Last Name, First & Middle Initial

 Relationship to Student

 Occupation

 Employer

 Work Phone

 Cell

If parents are divorced or separated, who has legal custody of student? _____

AUTHORIZED PICK-UP AND EMERGENCY CONTACTS :

Name: _____ Name : _____
Relationship : _____ Relationship: _____
Home Phone: _____ Home Phone: _____
Cell Phone: _____ Cell Phone: _____
Work Phone: _____ Work Phone: _____

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Home Phone: _____ Home Phone: _____
Cell Phone: _____ Cell Phone: _____
Work Phone: _____ Work Phone: _____

MEDICAL RELEASE AND INSURANCE INFORMATION

Family Physician Name: _____
Phone #: _____
Allergies: _____
Date of last DPT: _____
Name of health insurance carrier: _____
Policy Number _____ **Expiration Date:** _____

My signature below indicates that I have read, understood, and agree to abide by the policies of this Contract of Enrollment.

Signature of Parent/Legal Guardian

Signature of person other than Parent/Guardian
Responsible for paying Tuition and other charges

**STATE OF FLORIDA
COUNTY OF BROWARD**

Before me personally appeared _____ to me either well known and/or known to be the person described (verified by the correct identification) and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this _____ day of _____ A.D. _____.

Notary Public

Application is incomplete without signatures as indicated above, payment of registration fee, all paperwork and updated original health forms.