Student Information				
Student Name:	First Middle	_		
	Gender: Male Female Race:			
Date of Birth:	Premature: Yes If Yes : When was the Due Date:			
	☐ No What was the weight:			
Primary Family Information				
Address (Line 1):		_		
Address (Line 2):				
City:	State: ZIP Code County:	_		
Home Phone:	_ IF DIFFERENT THAN MOBILE PHONE			
Child Lives with:	Custody: Father Mother Both Other			
Father's Information				
Name:				
Preferred Name:				
Mobile:				
Company:	Job Title:			
Bus. Phone:	Ext			
Email				
Mother's Information				
Name:				
Preferred Name:				
Mobile:				
Company:	Job Title:			
Bus. Phone:	Ext			
Email				

Information Release—Internal Use Only

	er(s) for my child's class. This	ve and below phone numbers and e information will be utilized for emer		
Signature of Parent/Guardian		Date:	Date:	
Name (Printed)				
	r- Up Information (other than parents cannot be reached)	parents)		
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 a	ny allergies your child may have.):
This facility must provide parents with a copy of the Influenza Guide, Know Your Childcare Facility and Disthese brochures were provided to me in the 2025/2026	stracted Adult Informational Bro	
Chapter 65C-22.001(8)(a), FAC, states that parents practices used by the child care facility, and verified 22.006(4). I attest that the Discipline Policy is stated provided on the school's website (www.jaxcathedralschool.org).	I with a signed statement, FAC	Chapter 65C-
By your signature, you verify that all information on this	s enrollment form is complete ar	nd accurate.
By your signature, you verify that you are aware that Code, requires a current physical examination (Form 30 calendar days of initial enrollment. Further, by you the aforementioned health records must be current a Cathedral School for your child to remain enrolled.	040) and immunization record (Four signature, you verify that you	orm 680) within are aware that
Signature of Parent/Guardian	Date	_
Name of Parent/Guardian (PRINTED)	-	
Signature of Parent/Guardian	- Date	
Name of Parent/Guardian (PRINTED)	<u>.</u>	