

(TCS will fill in date)

Student Information

Student Name: _____
Last First Middle
 Preferred Name: _____ 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 PHONES**
 Child Lives with: _____ Custody: Father Mother Both Other

Father's Information

Name: _____ Preferred Name: _____
 Mobile: _____ Email: _____
 Business Name: _____ Job Title: _____
 Business Address: _____
 Business Phone: _____ Business Email: _____

Mother's Information

Name: _____ Preferred Name: _____
 Mobile: _____ Email: _____
 Business Name: _____ Job Title: _____
 Business Address: _____
 Business Phone: _____ Business Email: _____

Information Release—Internal Use Only

I authorize The Cathedral School to provide the above and below phone numbers, addresses 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) _____

Signature of Parent/Guardian _____

Date: _____

Name (Printed) _____

Emergency and Pick-Up Information (other than parents)

to be contacted in case of emergency:

Contact Name: _____ Relation: _____

Home Address: _____

Home Phone: _____ Business: _____ Mobile: _____

Contact Name: _____ Relation: _____

Home Address: _____

Home Phone: _____ Business: _____ Mobile: _____

Contact Name: _____ Relation: _____

Home Address: _____

Home Phone: _____ Business: _____ Mobile: _____

Contact Name: _____ Relation: _____

Home Address: _____

Home Phone: _____ Business: _____ Mobile: _____

Contact Name: _____ Relation: _____

Home Address: _____

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 Influenza Guide, Know Your Childcare Facility and Distracted Adult Informational Brochures. I attest these brochures were provided to me in the 2026/2027 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 65C22.006(4). I attest that the Discipline Policy is stated in the 2026/2027 Parent Handbook and was provided on the school's website (www.jaxcathedralschool.org).

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 date**. 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.

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

Signature of Parent/Guardian

Date

Name of Parent/Guardian (PRINTED)

Signature of Parent/Guardian

Date

Name of Parent/Guardian (PRINTED)