



Enrollment Form Coral Park Christian Academy

8755 SW 16 Street
Miami, FL 33165
(305) 559-9409

Family Information

(Please print or type clearly. Non legible applications will be returned)

Last Name	First Name	MI	Last Name	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Child	Social Security Number (last 4)		Relationship to Child	Social Security Number (last 4)	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Street Address			Street Address		
<input type="text"/>			<input type="text"/>		
Apartment/Unit			Apartment/Unit		
<input type="text"/>			<input type="text"/>		
City	State	ZIP Code	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	Ext	Home Phone	Work Phone	Ext
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone	Email Address		Cell Phone	Email Address	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	

Child Information

Last Name	First Name	MI	Last Name	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex	Social Security Number	Date of Birth	Sex	Social Security Number	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency Contact	Phone #		Emergency Contact	Phone #	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Emergency Contact	Phone #		Emergency Contact	Phone #	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Authorized pick up person	Phone #		Authorized pick up person	Phone #	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Authorized pick up person	Phone #		Authorized pick up person	Phone #	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Authorized pick up person	Phone #		Authorized pick up person	Phone #	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Known Allergies	Date		Known Allergies	Date	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	

Emergency Care Authorization

I certify that I am a parent or legal guardian of the child or children named above and give consent for emergency medical care, surgical treatment, and/or transportation to a care facility should my child's condition require it in my absence. I understand that, time and conditions permitting, reasonable attempts will first be made to contact me and any designated representatives in such a case. I hereby assume all financial responsibility for such actions taken on the behalf of my child.

Parent / Legal Guardian's Signature

Date

OFFICE USE ONLY

Tuition: \$ _____	Classroom: _____	Enrolled: _____
Billing cycle: _____	Program: _____	

Enrolled by: