



REGISTRATION DOCUMENTS FOR NEW STUDENTS

Parents/Guardian must bring the original following documents:

- _____ Birth Certificate
- _____ Immunization Records
- _____ Physical Health Form
- _____ Emergency Medical and Transportation Form
- _____ Influenza Virus DCF Form
- _____ Get In/Get Out DCF Form

*Note: Forms must be completed, signed and turned into the office for registration to be complete.

"Mother of Christ School and Learning Center collaborates with our entire community as we strive to provide high-quality academic achievement in a Catholic faith-filled environment."

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Enrollment Application

CN: C11MD0089

Student Information

Date of Enrollment: _____ Date of Birth: _____ Social Security: _____ M F

Full Name: _____
Last First Middle Nickname

Child's Address: _____
Street Address City State Zip Code

Applying for: Full-time Care (7:00 AM - 6:00 PM)

Family Information:

Mother's Name: _____ Father's Name: _____

Nationality/Place of Birth: _____

Religion: _____

Employer: _____

Bus. Phone: _____

Cell Phone: _____

*Email: _____

Mother of Christ Church Parishioner _____ Non-parishioner _____

Custody: Mother Father Both Other: _____
Name Relationship

Medical Information: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Insurance Co: _____ Policy #: _____ Phone: _____

Please list allergies, special medical or dietary needs, or other areas of concern: _____

Emergency Contacts: Child will only be released to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency if some reason the custodial parent or legal guardian cannot be reached:

1. Name _____ Relationship _____
Phone _____ Address: _____

2. Name _____ Relationship _____
Phone _____ Address: _____

3. Name _____ Relationship _____
Phone _____ Address: _____

Additional Information:

- 1. Has your child received an Early Step or FDLRS Evaluation? ____ YES ____ NO
If yes, please submit copy of evaluation with enrollment application.
- 2. Is your child currently receiving speech or occupational therapy? ____ YES ____ NO
If yes, please submit copy of recurrent report/evaluation from therapy.
- 3. An interview with parents may be requested before acceptance to the Learning Center.

Helpful information about my child: _____

Disciplinary Procedure:

- First Incident Staff talks to the child making him or her aware how the behavior is not appropriate.
- Second Incident If the conduct continues, the child is separated from the group for few minutes.
- Third Incident If it becomes necessary, a conference is arranged with the parents to discuss the child’s behavior.

No physical punishment shall be used nor shall discipline be associated with food, drink, and rest or toiling.

Acknowledgement: Please read and initial below.

____ Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

____ Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24).

____ Section 2.8 and Section 7.3, the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility.

____ Section 7.3 The Child Care Facility Handbook, provides the food and nutrition policies that include food safety and food allergens policies used by the child care facility.

____ Parent/guardian consents for child care personnel to have access to child’s records as related to the child’s needs.

____ Parent/guardian understand smoking is prohibited on the premise of the child care facility.

____ I agree that my child participates in all the optional special activities throughout the school year.

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Parents' Signatures: **Both parents must sign.**

Mother Date: ____/____/2024

Father Date: ____/____/2024

For Office Use Only:

Date: _____ Name of Registrar: _____

Age Group: _____ Teacher: _____ Start Date: _____



Emergency Authorization Form

Child's Name	Date of Birth	M	F
Parent's/Guardian's Name	Parent's/Guardian's Name	Sex	
() Home Phone	() Work Phone	() Home Phone	() Work Phone
Address	Address		
City, State, Zip Code	City, State, Zip Code		

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
() Home Phone	() Home Phone
() Work Phone	() Work Phone
Address	Address
City, State, Zip Code	City, State, Zip Code
Relationship to Child	Relationship to Child

Medical Information

Hospital Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special needs and/or Areas of concern

I _____ give consent for emergency treatment (First Aid and CPR) of my child _____ by a qualified staff member at Mother of Christ Catholic Learning Center. I also authorize Mother of Christ Catholic Learning Center to secure emergency transportation for my child, including ambulance, aid car or staff car, to an emergency center for treatment. Transfer of my child should be made to the hospital of my choice or any hospital reasonably accessible. In case of a transfer to an emergency medical facility, I agree to pay all transportation costs. In the event that I cannot be contacted, I further give consent for the administration of any treatment deemed necessary or advisable to safeguard my child's health by my preferred physician. In the event that the above-named physician is not present, I give consent for treatment by another licensed physician. This authorization does not include major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity of such surgery, are obtained to the performance of such surgery.

Parent's/Guardian's Signature _____ Date _____