

**215 St. George Street
St. Augustine, Florida 32084
824-2876**

Please number in order of preference:

Child must be the appropriate age on or before September 1 of the enrollment year.

Family E-Mail

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 _____ **Phone** _____

Address _____

Hospital Preference _____

Any allergies, special Medical or dietary needs:

HELPFUL INFORMATION

Please provide any information about your child that you would like for us to know:

I understand that my signed registration is a commitment to Trinity Episcopal Learning Center for the year's tuition.

Signed _____ **Date** _____

****Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of the first day of school.**