



Application for New Students

Please Mail to CEDAR 2460 NW 108th Drive Coral Springs, FL 33065

(If answers exceed space allocated, please use back of application)

Print Student's Last Name _____

Student's First Name _____

Student's Email Address _____

Grade in 2019-20 Academic Year _____

Date of Birth _____

Father's Name _____

Mother's Name _____

Address _____

Phone Number _____

Previous School Experience _____

Have you taken any PBA affiliated DEP School? If so, please list the PBA DEP school and the courses previously taken _____

Does this student have any medical conditions or allergies?

Circle one YES / NO

If Yes, explain: _____

My parent and I have read, reviewed and agreed with all the expectations and rules set out in the CEDAR Handbook found under "About Us" at www.learnwithcedar.com.

Parent Signature: _____

Student Signature: _____

Release:

I release Riverside Church, its employees and volunteers, and all CEDAR directors, volunteers, and instructors from all liability for any injury to myself, my family, or dependents as a result of participating in CEDAR.

Print Parent's Name: _____

Parent's Signature: _____

STATE OF FLORIDA, COUNTY OF _____ Sworn to and subscribed before me this
_____ day of _____, 20____, by _____.
Personally Known _____ Or Produced Identification _____ Type of Identification
Produced _____