



Classical Educational Days at Riverside

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 2020-21 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 _____