



5293 Old Smith Valley Rd
Greenwood IN 46143
317-544-8508

Enrollment Form

Child's Name: _____ Date: _____

Birth Date: _____ Sex: (M) (F)

Name of Parent(s) or Guardian: _____

Mailing Address: _____ Zip: _____

Physical Address: _____

Home Phone: _____

Father's Work: _____ Cell: _____ E-mail: _____

Mother's Work: _____ Cell: _____ E-mail: _____

Father's Place of Work/Occupation: _____

Mother's Place of Work/Occupation: _____

Previous Schooling: _____

I would like my child, as named above, to be enrolled in the Center Grove Montessori School, as of _____ or at the earliest opening.

Month-Year

Program applying for: (please check) Primary_____ Half Day_____ Full Day_____
Elementary_____

Please return this completed Enrollment Form with a non-refundable \$125.00 application fee as soon as possible.

I offer permission for my child to have photos taken by school staff for promotional purposes. NO child's name will ever be used for advertisement purposes. Most pictures are used for in-class work and newsletters.

Signature _____

Name (please print) _____

"The child is endowed with unknown powers which can guide us to a radiant future. If what we really want is a new world, then education must take as its aim, the development of these hidden possibilities."
Dr. Maria Montessori