

Emergency Medical Care Form

Child's name _____ DOB _____ M / F

Home # _____ Cell # _____

Name of pediatrician _____

Office Address _____

Office Phone _____

Allergies/Medical Conditions _____

Medical Care Release Statement

I/We, _____

Authorize Center Grove Montessori School to obtain emergency medical care for my/our child in the event of a medical emergency.

Authorized Student Release

I/We authorize the following person(s) to pick up my child:

Name	Relationship	Contact Information
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Date _____

(parent signature)



2018-2019

Center Grove Montessori School Enrollment Form

1674 West Smith Valley Drive

Greenwood, IN 46142

317.883-0335

office@centergrovemontessori.com

www.centergrovemontessori.com

Child's Name: _____

Birthdate: _____ (M) (F)

Child's Primary Address: _____

Previous Schooling or Childcare: _____

Parent/Guardian name: _____ Relationship _____

Parent/Guardian Phone: _____ Email: _____

Parent/Guardian name: _____ Relationship _____

Parent/Guardian Phone: _____ Email: _____

Alternate Contact Name and Number(s)

#1 Contact Phone Name: _____ Number: _____

Relationship _____

#2 Contact Phone Name: _____ Number: _____

Relationship _____

<input type="checkbox"/> Primary (Ages 2 ½-6)	<input type="checkbox"/> Elementary (Age 6-12)
<input type="checkbox"/> ½ Day <input type="checkbox"/> Full Day	
<input type="checkbox"/> 3 Day <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> 5 Day	<input type="checkbox"/> Before care (7:30 am) <input type="checkbox"/> After Care (until 6 pm)
Room Preference <input type="checkbox"/> Oak (8:30 start time) <input type="checkbox"/> Maple (9:00 start time)	Notes:

Tuition Payment
<input type="checkbox"/> Smart Tuition/Monthly
<input type="checkbox"/> Semester
<input type="checkbox"/> Annual

Please return this completed Enrollment Form with a non-refundable \$200.00 registration fee and a deposit of the first month's tuition.

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.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

For office use only:

____/____ Start Date ___ New Student Questionnaire ___ Immunization Record ___ Tuition Agreement ___ Registration ___ Deposit/Semester Payment ___ Emergency Contact
___ Authorized Student Release ___ Emergency Medical Care ___ Medical/release Form ___ Welcome Sheet ___ Master List