



2018 Summer Session Enrollment Form

531 US 31 South, Whiteland, IN 317-535-0756

www.indianamontessorics.com



Child's Name: _____

Birthdate: _____ (M) (F)

Child's Primary Address: _____

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 _____

Please check the weeks your child will be attending. (A minimum of 2 weeks attendance please)

Half Day Full Day

June 4 - 8

June 11 - 15

June 18 - 22

June 25 - 29

July 2 - 6

July 9 - 13

July 16 - 21

July 23 - 27

July 4th is a holiday, no summer session

Please return this completed Summer Session Enrollment Form with a non-refundable \$75 registration fee.

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: _____

Emergency Medical Care Form

Child's name _____ DOB _____ M / F

Home # _____ Cell # _____

Name of pediatrician _____

Office Address _____

Office Phone _____

Allergies _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature _____ Date _____