



# 2019-2020 Center Grove Montessori Enrollment Form

1607 West Smith Valley Drive  
Greenwood, IN 46142  
317.883-0335  
office@centergrovemontessori.com  
www.centergrovemontessori.com

**Please return this completed enrollment form with a non-refundable \$200.00 registration fee.**

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ (M) (F)

Child's Primary Address: \_\_\_\_\_

Previous Schooling or Childcare: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Contact Name(s) and Number(s). People listed will be contacted in case of an emergency if parent/guardian is unreachable.

#1 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship \_\_\_\_\_

#2 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship \_\_\_\_\_

**Primary (Ages 2<sup>1/2</sup> – 6)**

<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 ) <small>check days attending</small>	<input type="checkbox"/> 5 Day
<p>*Room Preference:</p> <input type="checkbox"/> Oak <input type="checkbox"/> Maple <small>*your classroom assignment may change based on classroom balance.</small>	<p>Extended Care: <input type="checkbox"/> Morning (7:30am)</p>	<p>Extended Care: <input type="checkbox"/> Afternoon (until 6pm)</p>

**Elementary (Ages 6 – 12)**

<p>Extended Care: <input type="checkbox"/> Morning (7:30am)</p>	<p>Extended Care: <input type="checkbox"/> Afternoon (until 6pm)</p>
---	--

Tuition Payment Method:     Smart Tuition (Monthly)     Semester     Annual

Notes:

**For office use only:**  
 \_\_\_/\_\_\_/\_\_\_ Start Date    \_\_\_ New Student Questionnaire    \_\_\_ Immun. Record/Exemption    \_\_\_ Tuition Agreement    \_\_\_ Registration    \_\_\_ Deposit/Semester Payment  
 \_\_\_ Emergency Contact    \_\_\_ Authorized Student Release    \_\_\_ Emergency Medical Care    \_\_\_ Medical/release Form    \_\_\_ Permission Form (Elem)    \_\_\_ Welcome Sheet    \_\_\_ Master List

## Medical Care Release Statement and Medical Care Information

I/We, \_\_\_\_\_ authorize Center Grove Montessori to obtain emergency medical care for my/our child in the event of a medical emergency.

Name of pediatrician \_\_\_\_\_ Office Address \_\_\_\_\_

Office Phone \_\_\_\_\_

\*You are required to provide the most recent immunization record for your child or sign an Immunization Exemption form.

### Medical Conditions

*Please indicate any known allergies and other medical conditions*

Condition	Prescribed treatment (if any)
_____	_____
_____	_____
_____	_____

### Authorized Student Release

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

Name	Relationship	Contact Information	Date Added
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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. Pictures are used for in-class work, newsletters and inner school community promotions, unless otherwise notified.

*I agree to all terms included in this form and acknowledge that all information is correct.*

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about us? \_\_\_\_\_