



2020-2021 Center Grove Montessori Enrollment Form

1607 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 _____

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 _____

Toddler (Ages 18 months to 3)

<input type="checkbox"/> ½ Day or <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>	or <input type="checkbox"/> 5 Day
Extended Care: <input type="checkbox"/> Morning (7:30am) <input type="checkbox"/> Afternoon (until 6pm)		

Primary (Ages 3 to 6)

<input type="checkbox"/> ½ Day or <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>	or <input type="checkbox"/> 5 Day
*Room Preference: <input type="checkbox"/> Oak <input type="checkbox"/> Maple <small>*Final determination made by school</small>	Extended Care: <input type="checkbox"/> Morning (7:30am) <input type="checkbox"/> Afternoon (until 6pm)	

Elementary (Ages 6 to 12)

Extended Care: <input type="checkbox"/> Morning (7:30am)	Extended Care: <input type="checkbox"/> Afternoon (until 6pm)
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Camps (Ages 2 1/2 to 8): Fall Spring Summer

Smart Tuition Payment: Monthly Semester Annual

Please continue providing information on reverse

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.

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? _____