

The Children's House

Registration 2011-2012

NAME OF APPLICANT _____ AGE _____

ADDRESS _____ ZIP _____ HOME PHONE _____

UNGRADED ELEMENTARY JUNIOR HIGH Extended day program

Grade placement now _____

Date of Birth _____ Sex _____ Age in September '10 _____ years _____ months

ALL-DAY MONTESSORI PRESCHOOL

MOTHER (OR GUARDIAN) _____

HOME PHONE _____ CELL PHONE _____ E-MAIL _____

ADDRESS _____ ZIP _____

OCCUPATION _____ BUSINESS PHONE _____

BUSINESS NAME & ADDRESS _____

E-MAIL ADDRESS _____

FATHER (OR GUARDIAN) _____

HOME PHONE _____ CELL PHONE _____ E-MAIL _____

ADDRESS _____ ZIP _____

OCCUPATION _____ BUSINESS PHONE _____

BUSINESS NAME & ADDRESS _____

E-MAIL ADDRESS _____

Previous School Experience:

Schools Attended: _____ Grade(s) _____

Schools Attended: _____ Grade(s) _____

Sibling(s): _____ age _____ age _____

_____ age _____ age _____

WHO IS RESPONSIBLE FOR CHILD IF HE/SHE DOES NOT REGULARLY GO DIRECTLY HOME FROM SCHOOL?

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

IN CASE OF EMERGENCY WHEN PARENTS CANNOT BE LOCATED, PERSON TO NOTIFY:

NAME _____ RELATIONSHIP _____ PHONE _____

CHILD'S DOCTOR _____ PHONE _____

HOSPITAL CHOICE IN CASE OF EMERGENCY _____ PHONE _____

- I hereby apply for the admission of my child for the full year 2010-2011 (nonrefundable \$100 fee applies.) (Preregistration of returning students \$50 if paid by April 23, 2010)

SIGNED _____ DATE _____

MAIL TO: **REGISTRAR** 2404 West 62nd Street; Indianapolis, IN 46268