

# The Children's House

Registration 2016-17

NAME OF APPLICANT \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

\_\_ UNGRADED ELEMENTARY \_\_ JUNIOR HIGH \_\_ EXTENDED DAY PROGRAM

\_\_ MONTESSORI PRESCHOOL: \_\_ FULL TIME \_\_ PART TIME :  Mon  Tues  Wed  Thu  Fri

Grade placement now \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Age in September 2016 \_\_\_\_\_ years \_\_\_\_\_ months

MOTHER (OR GUARDIAN) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

OCCUPATION \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

BUSINESS NAME & ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

FATHER (OR GUARDIAN) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

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 2016-17

(non-refundable \$100 fee applies)

Pre-registration for returning student(s) \$50 if paid by March 18, 2016

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Return to : 2404 West 62<sup>nd</sup> Street; Indianapolis, IN 46268