

# 2019-2020 REGISTRATION FORM

THE CHILDREN'S HOUSE - WWW.TCHINDY.ORG - 317-253-3033



Child's Name				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address				Zip	
Birth Date	Age	Age in Sept. 2019	years	months	Grade placement now
Previous School Attended				Grade(s)	
Previous School Attended				Grade(s)	
Registering for: <input type="checkbox"/> Ungraded Elementary <input type="checkbox"/> Junior High <input type="checkbox"/> Extended Day Program					
<input type="checkbox"/> Full Time Montessori Preschool    Part Time Preschool: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thr <input type="checkbox"/> Fri					

## PARENT/GUARDIAN INFO

Mother/Guardian's Name		Email	
Address		Zip	
Occupation	Business Name/Address		
Phone	Cell	Work Phone	

Father/Guardian's Name		Email	
Address		Zip	
Occupation	Business Name/Address		
Phone	Cell	Work Phone	

Who is responsible for child if he/she does not regularly go directly home from school?

Name	Relationship
Address	Phone

## SIBLINGS

Name	Age	Name	Age
Name	Age	Name	Age

## EMERGENCY INFO

Emergency Contact	Relationship	Phone
Child's Doctor		Phone
Hospital in case of emergency		Phone

I hereby apply for the admission of my child for the full year 2019-20  
A non-refundable \$100 fee applies, **OR** \$50 a pre-registration fee for returning students if paid by April 1, 2019

Signature	Date
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