

2020-2021 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. 2020	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 2020-21

A non-refundable \$100 fee applies, **OR** \$50 a pre-registration fee for returning students if paid by April 1, 2020

Signature	Date
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