

2024-2025 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. 2024	years	months	Grade placement now
Previous School Attended				Grade(s)	
Previous School Attended				Grade(s)	
<input type="checkbox"/> Ungraded Elementary <input type="checkbox"/> Junior High					
Registering for:					
<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					
Extended Day (optional): <input type="checkbox"/> Pay for the entire school year <input type="checkbox"/> Pay the hourly rate of \$15/hour, invoiced every 6 weeks					

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 2024-25. A non-refundable \$100 fee applies.

Signature	Date
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