

The Children's House

Registration 2006/2007

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 '06 _____ years _____ months

____ ALL-DAY MONTESSORI PRESCHOOL

MOTHER (OR GUARDIAN) _____

HOME PHONE _____ CELL PHONE _____ PAGER _____

ADDRESS _____ ZIP _____

OCCUPATION _____ BUSINESS PHONE _____

BUSINESS NAME & ADDRESS _____

FATHER (OR GUARDIAN) _____

HOME PHONE _____ CELL PHONE _____ PAGER _____

ADDRESS _____ ZIP _____

OCCUPATION _____ BUSINESS PHONE _____

BUSINESS NAME & 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 ACADEMIC YEAR 2006-07
(\$70 NONREFUNDABLE FEE)

OR

____ I HEREBY APPLY FOR THE ADMISSION OF MY CHILD ON (date) _____ .
(\$70 NONREFUNDABLE FEE)

SIGNED _____ DATE _____

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