

Enrollment Application

Date Submitted

CHILD INFORMATION

Last

First

Middle

Date of Birth
(mo/day/year)

PARENT(S)/GUARDIAN(S) CONTACT INFORMATION

Last

First

Home Phone #

Cell Phone #

email

Last

First

Home Phone #

Cell Phone #

email

Home Address

PROGRAM INTEREST

Half-Day
8:30-12:00

Academic Year

All Year

Extended Day
8:30-3:00

Academic Year

All Year

All Day
7:30-5:30

Academic Year

All Year

OTHER INFORMATION

Child's Interests

Names/Ages of Siblings

How did you hear of IMA?

What is your experience with Montessori Education?

NON-DISCRIMINATION POLICY

Indiana Montessori Academy (IMA) admits students of any race, color, nationality, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. IMA does not discriminate on the basis of race, color, nationality, or ethnic origin in administration of its educational policies, admissions policies, and other school-administered programs.

AGREEMENT

- To read Indiana Montessori Academy's Parent Handbook, so I am familiar with the policies and procedures of Indiana Montessori Academy's Program.
- To not send a sick child to the program. In the event that a child is severely injured, ill and/or contagious to fellow children, parents/guardians will be contacted via phone. Any medication (prescription and non-prescription) given at the program requires written permission.

I certify that I am the parent/legal guardian of this child and that I have authority to make the representations and grant the authorizations contained herein. I have read and fully understand the terms and conditions of Indiana Montessori Academy's Primary Program.

Parent/Legal Guardian (printed name)

Signature

Date