2026-27 PRIMARY ENROLLMENT

Redwood Christian Montessori

CHECKLIST

Your application package is considered complete when each of the following is included:

_____ Application/enrollment

_____ Parent/Guardian Information Form

_____ Tuition Fees Form

_____ Copy of original birth certificate

_____ Proof of immunizations

_____ Deposit

Please submit your completed package including each of the above items to Redwood Christian Montessori to complete enrollment.

2026-27 TUITION FEES FORM

REDWOOD CHRISTIAN MONTESSORI

Non-refundable Deposit: **$50 (Due at the time of registration)**
Material Fees: **$150 (Due September 1, 2026)**

TUITION PAYMENT OPTIONS:

FULL DAY

Hours: 9:00 a.m. - 4:00 p.m.

____ Option 1
Full payment of $6,210.00 due August 1, 2026 (receive a 3% discount if paid in full by 8/1/26)

____ Option 2
1st payment of $3,105 due August 1, 2026, 2nd payment of $3,105.00 due January 1, 2027

____ Option 3 (Ten Installments)

August 1, 2026	$621.00	January 1, 2027	$621.00
September 1, 2026	$621.00	February 1, 2027	$621.00
October 1, 2026	$621.00	March 1, 2027	$621.00
November 1, 2026	$621.00	April 1, 2027	$621.00
December 1, 2026	$621.00	May 1, 2027	$621.00

ALL DAY

Hours: 8:00 a.m. - 5:00 p.m.

_____ Option 1
Full payment of $7,250 due August 1, 2026 (receive a 5% discount if paid in full by 8/1/26)

_____ Option 2
1st payment of $3,625 due August 1, 2026; 2nd payment of $3,625 due January 1, 2027

_____ Option 3 (Ten Installments)

August 1, 2026	$725.00	January 1, 2027	$725.00
September 1, 2026	$725.00	February 1, 2027	$725.00
October 1, 2026	$725.00	March 1, 2027	$725.00
November 1, 2026	$725.00	April 1, 2027	$725.00
December 1, 2026	$725.00	May 1, 2027	$725.00

HALF DAY

Hours: 8:00 a.m. - 12:30 p.m.

____ Option 1
Full payment of $5,290.00 due August 1, 2026 (receive a 5% discount if paid in full by 8/1/26)

____ Option 2
1st payment of $2,645 due August 1, 2026, 2nd payment of $2,645.00 due January 1, 2027

____ Option 3 (Ten Installments)

August 1, 2026	$529.00	January 1, 2027	$529.00
September 1, 2026	$529.00	February 1, 2027	$529.00
October 1, 2026	$529.00	March 1, 2027	$529.00
November 1, 2026	$529.00	April 1, 2027	$529.00
December 1, 2026	$529.00	May 1, 2027	$529.00

Please note: Should you decide to un-enroll your child after school begins, a two week notice is required. Should your child un-enroll between the 1st-15th of the month, only half of the month's tuition will be due. Should your child un-enroll between the 16th-the end of the month, the full month's tuition will be due.

_____

Student's Name

Parent's Signature

2026-27 PRIMARY IMMUNIZATION REQUIREMENTS

REDWOOD CHRISTIAN MONTESSORI

Indiana State Department of Health (ISDH): 2025-26 School Year

Number of Vaccinations	Abbreviation	Description/Disease Prevented
3	HepB	Hepatitis B
4	DTaP	Diptheria, Tetanus & Pertussis
3	Polio	Inactivated Polio
1	MMR	Measles, Mumps & Rubella
1	Varicella	Chicken Pox

Proof of immunizations must be provided at time of enrollment

2026-27 PRIMARY ENROLLMENT FORM
REDWOOD CHRISTIAN MONTESSORI

Last Name _____ First Name _____ Middle _____

Address _____ Date of Birth _____

City _____ Zip _____ County of Residence _____

Phone _____ Alternate Phone _____

Email Address _____

School District of Legal Residence _____

School Previously Attended _____

Parent/Guardian Name _____ Relationship to Student _____

Legal Guardian _____ Yes _____ No Resides with _____ Yes _____ No

Street Address _____ City _____ Zip_____

Phone _____ Cell Phone_____

Employer _____ Phone _____

Email Address _____

Parent/Guardian Name _____ Relationship to Student _____

Legal Guardian _____ Yes _____ No Resides with _____ Yes _____ No

Street Address _____ City _____ Zip_____

Phone _____ Cell Phone _____

Employer _____ Phone _____

Email Address _____

EMERGENCY CONTACTS

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

AUTHORIZATION FOR ALTERNATE TRANSPORTATION

I hereby authorize Redwood Christian Montessori to allow my child to leave school with the persons listed below. I understand that the school office must be notified in writing prior to my child leaving school with any individual other than a parent or guardian. Photo identification must be presented at the time of pick-up.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

MEDICAL/HEALTH INFORMATION
2026-27 School Year

Student Name _____ Date of Birth _____

Allergies _____

_____

_____

_____

_____

Current Medications _____

Physician _____ Phone _____

Does your child have any medical restrictions, impairments or special physical needs? _____

_____

_____

Please provide documentation in support of the above restrictions/needs.

In the event that my child becomes ill or injured while attending Redwood Christian Montessori, and in the event that a parent/legal guardian cannot be contacted, I/we give permission to those in charge to administer first aid. If my child is in need of emergency medical treatment, and a parent/legal guardian cannot be contacted, I/we give permission to transport my child to the nearest hospital emergency room for treatment. I consent to such medical treatment deemed necessary by a licensed physician.

Date _____ _____

Parent/Legal Guardian

REDWOOD CHRISTIAN MONTESSORI
1204 Indianapolis Ave.
Lebanon, IN 46052
(765) 482-4243
www.redwood-montessori.com

REDWOOD CHRISTIAN MONTESSORI CONSENT FORM

Student Name _____

Parent Name _____ Date _____

STUDENT/PARENT HANDBOOK ACKNOWLEDGEMENT

I acknowledge that I have received the Redwood Christian Montessori Student/Parent Handbook which is also available on the school website at www.redwood-montessori.com. I understand that I will be notified of any changes and/or additions to the handbook and am responsible for reviewing all updates on the school's website when they become available.

Date _____ Parent/Guardian _____

PHOTO RELEASE

I give permission for photographs of my student, taken when participating in Redwood Christian Montessori activities, to be used for school related publications including yearbook, web page and/or newsletters.

Date _____ Parent/Guardian _____