

# **2026-27 ELEMENTARY 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:**  
**Material Fees:**

**\$50 (Due at the time of registration)**  
**\$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  
1<sup>st</sup> payment of \$3,105 due August 1, 2026, 2<sup>nd</sup> 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  
1<sup>st</sup> payment of \$3,625 due August 1, 2026; 2<sup>nd</sup> 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 |

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 1<sup>st</sup>-15<sup>th</sup> of the month, only half of the month's tuition will be due. Should your child un-enroll between the 16<sup>th</sup>-the end of the month, the full month's tuition will be due.

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Student's Name

Parent's Signature

**2026-27 ELEMENTARY IMMUNIZATION REQUIREMENTS**  
**REDWOOD CHRISTIAN MONTESSORI**

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

<u>Number of Vaccinations</u>	<u>Abbreviation</u>	<u>Description/Disease Prevented</u>
3	HepB	Hepatitis B
4	DTaP	Diphtheria, 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 ELEMENTARY 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 \_\_\_\_\_

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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](http://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 \_\_\_\_\_