



Admission Information

Child's Name: _____ Gender: _____ DOB: _____ Age: _____
Child's Address: _____ Home Phone: _____
Date of Admission: _____ Start Date: _____ Date of Withdrawal: _____

Mother's Information: Please Print
First Name: _____ Last: _____
Address: _____ Email: _____
Occupation: _____ Place of Employment: _____
Cell #: _____ Work #: _____ Home #: _____
DL # _____

Father's Information: Please Print
First Name: _____ Last: _____
Address: _____ Email: _____
Occupation: _____ Place of Employment: _____
Cell #: _____ Work #: _____ Home #: _____
DL # _____

<ul style="list-style-type: none"><input type="radio"/> Infant<input type="radio"/> Toddler<input type="radio"/> Pre-Primary<input type="radio"/> Primary<input type="radio"/> Elementary<input type="radio"/> Public After School<input type="radio"/> Lunch	<ul style="list-style-type: none"><input type="radio"/> Full Day<input type="radio"/> School Day<input type="radio"/> Half Day<input type="radio"/> Before School<input type="radio"/> After School<input type="radio"/> Two Day - Tuesday, Thursday<input type="radio"/> Three Day – Monday, Wednesday, Friday<input type="radio"/> Five Day
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Parent or Guardian Signature

Date



Checking & Credit Card Authorization Form

Child's Name _____	Gender _____	DOB _____	Age _____
Child's Address _____		Home Phone _____	
Date of Admission _____	Start Date _____	With Whom Does the Child Reside _____	

I, _____, hereby authorize Pinnacle Montessori to charge my credit card (2.5% to 3.5% Processing Fee) or bank account.

\$ ____ Registration Fee. \$ ____ Monthly Tuition ____ Other Fees
____ Visa ____ Master Card

Credit Card Number: _____

Expiration Date: ____/____ CVC: _____

Credit Card Billing Address

Street: _____

City: _____ State: _____ Zip Code: _____

Bank Account:

Bank Name: _____

Bank Account: _____

Routing Number: _____

____ Checking ____ Saving

**** Pinnacle Montessori will only accept Credit Card Payments, Check Payments, Money Order, ACH Bank Draft! We do Not accept Debit Card.**

Signature: _____ Date: _____