



Pinnacle Montessori

Admission Information

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

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

Father's Information: Please Print
Name: First: _____ 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 (<i>availability varies</i>)	<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 <i>(availability varies)</i><input type="radio"/> Three Day - Monday, Wednesday, Friday <i>(availability varies)</i><input type="radio"/> Five Day
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**Please check with your desired location for certain availabilities.*

Parent or Guardian Signature

Date