



Emergency Medical Authorization form

Student Name: _____ Age: _____
DOB: _____ Start Date: _____ Academic Year: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Cellular Phone: _____
Work Phone (Mother): _____ Work Phone (Father): _____

If a parent cannot be contacted in case of an emergency, Pinnacle Montessori Academy has my permission to contact the following persons in the order listed. The individuals listed are reliable persons who have time and transportation available during the child’s school hours. These individuals are people the child knows well and can be called upon in an emergency to pick up the child from school and care for him/her.

Name: _____ Daytime Telephone: _____
Address: _____
Driver’s License #: _____ Relationship to family: _____

Name: _____ Daytime Telephone: _____
Address: _____
Driver’s License #: _____ Relationship to family: _____

In event that medical attention is required before either parent, guardian, or one of the emergency contacts can be reached, the following physician may provide or authorize any emergency medical treatment.

Physician Name: _____ Telephone: _____
Address: _____

In case of an emergency, when a parent, an emergency contact, or the above physician cannot be reached, Pinnacle Montessori Academy has my permission to take my child by car or ambulance to the nearest hospital. The hospital personnel have my permission to perform any treatment as necessary.

Parent Name: _____ Date: _____

Parent Signature: _____ Date: _____



Enrollment Application Form

Child Information

Name: _____ Nickname: _____ Estimated Start Date: _____

Address: _____

DOB: _____ Gender: Male Female Age: _____

Parent/Guardian Information

Father/Guardian Name: _____ Marital Status: _____

Address: _____

Phone: _____ DL # & State: _____

Employer Name/Address: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Mother/Guardian Name: _____ Marital Status: _____

Address: _____

Phone: _____ DL # & State: _____

Employer Name/Address: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Note: Please circle the phone number you could be reached in case of an emergency.

Please select the program(s) you are enrolling your child in:

Infant All Day (7:00am - 6:00pm)	Toddler All Day (7:00am - 6:00pm)
5 Days Pre-Primary Half Day (8:30am-11:30am)	5 Days Pre-Primary Full Day (8:30am-2:30pm)
3 Days Pre-Primary Half Day (8:30-11:30)	3 Days Pre-Primary Full Day (8:30am-2:30pm)
5 Days Primary Half Day (8:30am-11:30am)	5 Days Primary Full Day (8:30am-2:30pm)
Before School Care (7:00am-8:30am)	After School Care (2:30pm-6:00pm)
Kindergarten All Day (8:00am-6:00pm)	Public School Age After School (2:30-6:00)
Lower Elementary (8:30am-6:00pm)	

Important Note: Prior to your child's attendance at Pinnacle Montessori Academy, all registration forms must be completed, signed and returned to the school office.

Signature _____

Date _____