



Pinnacle Montessori – Alamo Ranch

Reach for the Stars

11400 Culebra Road

San Antonio, TX 78253

(210) 716-1250

alamoranch@pinnaclemontessori.com

ENROLLMENT FORMS

Child's Full Name	Nickname	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Child's Full Address (city, state, zip code)			
Primary Contact Name (most accessible parent, call first)		Primary Contact Phone No.	

I hereby authorize Pinnacle Montessori of Alamo Ranch to allow my child to leave Pinnacle Montessori ONLY with the following persons. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

Name of Emergency Contact (authorized to care for child when parents cannot)		Relationship to Child
Emergency Contact Full Address (city, state, zip code)		Emergency Contact No.
Name of Authorized Pick-Up	Name of Authorized Pick-Up	Name of Authorized Pick-Up
Phone No.	Phone No.	Phone No.
Relationship	Relationship	Relationship

Parent/Guardian Information

Mother/Guardians Name	Marital Status
Home Address (city, state, zip code)	
Cell No.	Home No.
Email Address	
Employer	Occupation
Work No.	Work Hours
Work Email	

Father/Guardians Name	Marital Status
Home Address (city, state, zip code)	
Cell No.	Home No.
Email Address	
Employer	Occupation
Work No.	Work Hours
Work Email	

Childs Name:

Date of Enrollment:

Date of Admission:

Date of Withdrawal:



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Please make a selection for all of the below. (A selection MUST be made for all sections, even if they do not apply.)

1. Provided Immunization Record: I <input type="checkbox"/> have provided the childcare operation with a copy of my child's most current immunization record.															
2. Receipt of written operational policies (Parent Handbook): I <input type="checkbox"/> acknowledge receipt of the facilities operational policies including those for discipline and guidance contained in the Pinnacle Montessori of Alamo Ranch Parent Handbook.															
3. Transportation: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give - consent for my child to be transported and supervised by the operations employees - <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from school.															
4. Field Trips: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give - consent for my child to participate in field trips. Parents comments:															
5. Water Activities: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give - consent for my child to participate in the following water activities - <input type="checkbox"/> sprinkler play <input type="checkbox"/> water table play.															
6. Snacks: I understand snacks will be provided for my child while in care. I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give permission for the facility to serve the following to my child: <input type="checkbox"/> AM Snack <input type="checkbox"/> PM Snack <input type="checkbox"/> Late PM Snack															
7. Attendance: My child will normally be in care on the following days and times: <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Mondays</td> <td style="width: 30%;">from:</td> <td style="width: 30%;">to:</td> </tr> <tr> <td>Tuesdays</td> <td>from:</td> <td>to:</td> </tr> <tr> <td>Wednesdays</td> <td>from:</td> <td>to:</td> </tr> <tr> <td>Thursdays</td> <td>from:</td> <td>to:</td> </tr> <tr> <td>Fridays</td> <td>from:</td> <td>to:</td> </tr> </table>	Mondays	from:	to:	Tuesdays	from:	to:	Wednesdays	from:	to:	Thursdays	from:	to:	Fridays	from:	to:
Mondays	from:	to:													
Tuesdays	from:	to:													
Wednesdays	from:	to:													
Thursdays	from:	to:													
Fridays	from:	to:													

School Age Children (Only necessary for children enrolled in Public School.)

My child attends the following school:		
Name of School	Address	Phone No.
<input type="checkbox"/> His/her immunization record is on file at the school and all required immunizations and/or tuberculosis tests are current.		
<input type="checkbox"/> Vision and Hearing screening records are also on file.		
My child has permission to: <input type="checkbox"/> walk to/from school or home <input type="checkbox"/> ride a bus		
<input type="checkbox"/> be released to the care of a sibling(s) over 18 years old with a valid ID or Driver's License.		
Name of sibling(s):		

Vision & Hearing Testing (Only necessary for children 4 years old and up.)

Vision	R 20/____	L 20/____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
<div style="background-color: yellow; height: 20px; width: 100%;"></div> Signature of Professional Date				
Hearing	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	R L	R L	R L	
<div style="background-color: yellow; height: 20px; width: 100%;"></div> Signature of Professional Date				

Childs Name:

Date of Enrollment:

Date of Admission:

Date of Withdrawal:



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Admission Requirement/Wellness Check (If your child does not attend pre-kindergarten or school away from the child-care operation, **one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.**)

Please check only one of the below options:

1.	<input type="checkbox"/>	Health-Care Professional's Statement (A): I, _____, have examined the child within the past year and find that he/she is able to take part in the child-care program.					
		<table style="width: 100%; border: none;"> <tr> <td style="width: 35%; border: none;">Health-Care Professional's Signature</td> <td style="width: 35%; border: none;">Address</td> <td style="width: 15%; border: none;">Phone No.</td> <td style="width: 15%; border: none;">Date</td> </tr> </table>	Health-Care Professional's Signature	Address	Phone No.	Date	
Health-Care Professional's Signature	Address	Phone No.	Date				
2.	<input type="checkbox"/>	Health-Care Professional's Statement (B): A signed and dated copy of a health-care professional's statement is attached.					
3.	<input type="checkbox"/>	Religious Practices: Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.					
		<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Parent or Legal Guardians Signature</td> <td style="width: 30%; border: none;">Date</td> </tr> </table>	Parent or Legal Guardians Signature	Date			
Parent or Legal Guardians Signature	Date						

Allergies & Illnesses

List **any** special problems that your child may have such as **allergies and reactions, existing illnesses, previous serious illnesses & hospitalizations during the past 12 months, any medications prescribed for long-term continuous use** and any other information which caregivers should be aware of. **If none, please write NKA and initial.**

Do you have an asthma action plan in place with your doctor? Yes No
If so, please provide a copy for the school. Copy received: _____

*Please note: Per Texas Department of Family and Protective Services Minimum Standards, you **MUST** have a doctor's statement on file with Pinnacle Montessori describing any dietary restrictions such as food allergies or reactions. This statement should include what foods to avoid and possible substitutes for that food. Your health care provider can email this statement to us at alamoranch@pinnaclemontessori.com.

Authorization for Emergency Medical Attention (Must include precise address; cannot say 'closest' or 'nearest'.)

In the event I (parent/guardian) or the Emergency Contact cannot be reached to make arrangements for emergency medical care, I authorize the facility to take my child to:

Name of Pediatrician/Emergency Physician:	Full Address (city, state, zip code):	Phone Number:
Name of Emergency Medical Care Facility:	Full Address:	Phone Number:

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature of Parent or Legal Guardian

Childs Name:

Date of Enrollment:

Date of Admission:
Date of Withdrawal:



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FOOD ALLERGY EMERGENCY PLAN

This plan **must** be signed and dated by your child's Health Care Professional.

Child's Full Name:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Doctor's Name:	Doctor's Phone No.:	
	Doctor's Fax No.:	
Doctor's Office Address (city, state, zip code):		

Please complete one form for EACH known Food Allergy.

Food child has allergy to:
Possible symptoms if exposed to above food:
Specific steps to take if the child has an allergic reaction to this food:

By signing below, the parent or guardian of this child gives Pinnacle Montessori Alamo Ranch permission to post the child's food allergy in the food serving and food preparation areas, and the child's classroom.

Doctors Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Center Director Signature: _____ Date: _____

Childs Name:

Date of Enrollment:

Date of Admission:

Date of Withdrawal:



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TUITION AGREEMENT FORM

Student Name: _____ Date of Birth: _____
Starting Age: _____ Academic Year: _____ Start Date: _____

Please select the program you are enrolling your child in:

<input type="checkbox"/> Infant All Day (6:30am-6:30pm)	<input type="checkbox"/> Toddler All Day (6:30am-6:30pm)
<input type="checkbox"/> Pre-Primary Half Day (8:30am-11:45am)	<input type="checkbox"/> Pre-Primary Full Day (8:30am-2:45pm)
<input type="checkbox"/> 2 Days Pre-Primary Half Day (8:30am-11:45am)	<input type="checkbox"/> 2 Days Pre-Primary Full Day (8:30am-2:45pm)
<input type="checkbox"/> 3 Days Pre-Primary Half Day (8:30am-11:45am)	<input type="checkbox"/> 3 Days Pre-Primary Full Day (8:30am-2:45pm)
<input type="checkbox"/> Primary Half Day (8:30am-11:45am)	<input type="checkbox"/> Primary Full Day (8:30am-2:45pm)
<input type="checkbox"/> 3 Days Primary Half Day (8:30am-11:45pm)	<input type="checkbox"/> 3 Days Primary Full Day (8:30am-2:45pm)
<input type="checkbox"/> Before School Care (6:30am-8:30am)	<input type="checkbox"/> After School Care (2:45pm-6:30pm)
<input type="checkbox"/> *Kindergarten All Day (8:30am-6:30pm)	<input type="checkbox"/> Public School Age Drop In Care (Holidays)
<input type="checkbox"/> Public School Age Before School (6:30am-7:00am)	<input type="checkbox"/> Public School Age After School (2:45pm-6:30pm)
<input type="checkbox"/> Public School Age Summer (8:30am-6:30pm) <input type="checkbox"/> 5 Days <input type="checkbox"/> 4 Days <input type="checkbox"/> 3 Days <input type="checkbox"/> 2 Days <input type="checkbox"/> 1 Day	

Parent(s) Name: _____
Mother/Legal Guardian: _____ Father/Legal Guardian: _____

I/We understand the Montessori curriculum is organized into four developmental levels, Infant/Toddlers, Pre-primary, Primary and Lower Elementary. The Infant/Toddlers & Pre-primary level consists of a year and one-half program. The Primary and Lower Elementary levels consist of a three-year program. For my child to reach his/her full potential, I/we realize that staying in the Infant/Toddler, Pre-primary, Primary and Lower Elementary programs during our child's entire developmental level will maximize his/her academic, social, and emotional development. Excluding extenuating circumstances, we commit ourselves to completing each level our child begins.

I/We understand that we are enrolling my/our child in the Pinnacle Montessori Academy for the full academic year. Henceforth, and in consideration to the acceptance of the non-refundable registration and supply fees by Pinnacle Montessori Academy, I/We agree to pay the required tuition and fees for **a full academic year**, as specified in the tuition and fees schedule and in accordance to the Tuition Plan chosen below. **I/We also understand that I/we must give thirty (30) days advanced written notice to the school if my/our child is withdrawn from the school, and that I/we are financially responsible for paying the tuition and fees incurring until the completion of these thirty days.**

I/We understand that in signing this Tuition Agreement I/we accept the guidelines and regulations of the school, specifically the payment of tuition and fees as described here and in the Parent's Handbook. **Furthermore, I/we agree to have the student's transcript withheld by the school until all and any balance is paid in full.**

I/We understand that the academic year excludes the Summer Session(s). A separate registration form and tuition agreement are necessary to register my child for the Summer Sessions.

I/We opt for the following Tuition Plan, as described in the Tuition and Fees Schedule for the corresponding academic year:

Tuition A (Full Year Payment) Tuition B (Semester Payment) Tuition C (Monthly Payments)

Mother or Legal Guardians Signature

Date

Father or Legal Guardians Signature

Date

Childs Name: _____

Date of Enrollment: _____

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PERMISSION TO APPLY OINTMENTS

I, _____, parent of _____, give the teachers of Pinnacle Montessori my consent/permission to apply any ointment, diaper cream, sunscreen, bug spray, or lotions on my child that I have supplied the school.

Parent Signature

Date

PERMISSION TO POST PHOTOS

* Photo permission includes group photos taken on Special Event days (Ex. Class parties, Festivals, Special Visitors, etc.).

I DO GIVE permission to PMAR to post pictures of my child:

- | | |
|---|--|
| <input type="checkbox"/> In their classroom | <input type="checkbox"/> On the PMAR Website |
| <input type="checkbox"/> On the Bloomz Parent Communication App | <input type="checkbox"/> On the PMAR Yelp/Google Review Page |
| <input type="checkbox"/> On the PMAR Facebook Page | <input type="checkbox"/> On printed PMAR materials |

OR

- I DO NOT GIVE PMAR permission to post pictures of my child at their school/in their classroom or any form of social media at all.

Parent Signature

Date

PERMISSION TO DISTRIBUTE CONTACT INFORMATION

I DO GIVE permission to PMAR to distribute the following contact information:

- | | | |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Phone Number | <input type="checkbox"/> Email Address | <input type="checkbox"/> Home Address |
|---------------------------------------|--|---------------------------------------|

In the case that another family would like to contact us for:

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Birthday parties | <input type="checkbox"/> Schedule play dates | <input type="checkbox"/> Other |
|---|--|--------------------------------|

OR

- I DO NOT GIVE PMAR permission to share my contact information with other parents.

Parent Signature

Date

Childs Name:

Date of Enrollment:

Date of Admission:

Date of Withdrawal: