Peachtree Montessori Online Learning

1279 Route 46 & 903 S Beverwyck Rd Parsippany, NJ 07054

(973) 299-7322 & 973-732-5185

info@PeachtreeMontessori.com

Please print clearly. Please complete all blanks on this form. If there is a blank that is not applicable, please write N/A in that blank. Incomplete forms cannot be accepted and we are unable to provide care until all paperwork has been submitted. If you have any questions about completing this form, please contact our center. **Print completed registration form, sign all applicable pages & bring to our center to complete registration.**

Child's information	1:					
Child's Full Name				Date of Birth		Gende
Address					L	
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ty	l Stat	<u>e</u>		Secondary Pho	ne to Call	
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•		mation: In the event	of an emergency,	we will call the numbers belo	ow.	
Mother/Father/Guardian Name				Cell Phone		
Address						
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ity State Email Address				To be used for	online	
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Payments & Policies

Tuition payment is expected by the 1st of each month by **Zelle (ID: 908-304-4186)**. Late payment of \$15 will be due if a Zelle payment does not arrive by the first of the month.