LEARNING TREE MONTESSORI

PRE- REGISTRATION FORM

Today's Date: _____

Child's Name: _____ DOB: _____

Parent/Guardian Name: _____

Program: _____

Phone Number: _____ Address: _____

Email Address: _____

Requested Start Date: _____

Program (Please check desired program):

Full Day (7:00 am -6:00 pm) _____ School Day (8:00 am-3:00 pm) _____

Payment Method (Check, Bank, or Credit Card)

Bank Information

Name of Account Holder _____ **Name of Bank** _____

Billing Address _____

Phone Number _____

Routing Number _____ **Account Number** _____

Credit Card
Name as it appears on the credit card _____

Billing Address _____

Type of card _____ **Card Number** _____

Exp. Date _____ **CVV** _____ **Zip code** _____