



Winter/Spring 2025

Classes Offered:
January 6- May 23, 2025

Registration/Credit Card Authorization Form

Parent's Name _____

Address, City, State, Zip _____

Phone Number _____

Email Address _____

Child's Name _____

Child's Date of Birth _____

Known Allergies _____

Emergency Contact _____

Relation _____

Phone Number _____

Class Option:

- JOURNEY THROUGH LITERACY
- IT'S A MESS!
- TODDLER ROCK
- LANGUAGE BUILDER
- MONDAY THURSDAY
- LET'S WRITE
- WEDNESDAY FRIDAY

- CORE**
- WEDNESDAY THURSDAY
- FRIDAY
- GAME DAY
- TINY TASTEBUDS
- PEACEFUL PEACES
- KIND MINDS
- LEGO CLUB

- FULL STEAM AHEAD**
- THURSDAY FRIDAY
- MY FIRST PIGGY BANK
- MINI PEACES®
- JR PEACES®
- WHAT IN THE WORLD!
- MASTERING THE SAT
- FINANCE FOR TEENS

Sign and complete this form to authorize The Missing Peace to make a one time charge to your credit card listed below.

By signing this form, you give The Missing Peace permission to charge your account for the amount indicated below. This is permission for a single transaction only, and does not provide authorization for any unrelated charges to your account.

I, _____, authorize The Missing Peace to charge my credit card indicated below for
(name)

\$ _____ on _____
(amount) (date)

Billing Details:

Billing Address, City, State, Zip _____

Phone Number _____ Email _____

Credit Card Information:

- Visa Mastercard Amex Discover

Cardholder's Name _____ Credit Card Number _____

Expiration Date _____ Security Code (CVV) _____

Individual's Signature _____ Date _____