montessori children's school of key west inc.

Application for Admission

1221 Varela Street, Key West, Florida 33040
Phone 305.294.5302, Fax 305.292.3201
email— robbi@montessorikeywest.com

Applicant Information

Anticipated Start Date: _____

√ **ONE** Pre-Primary Morning Program 8:30-11:30

_____ **2-day** _____ **3-day** ____ **5-day**

Pre-Primary Full-Day Program 8:30-2:30pm

____ **5-day Full-day**

Application Fee—$50.00

Last Name | First Name | Middle Name | ☐ Male ☐ Female

Preferred Name | Date of Birth (MM/DD/YY) | Social Security Number

Address | City | State | Zip

Home Phone | Alternate Phone | Country of Birth | Citizenship

Has Applicant applied to a Montessori School before? ☐ Yes ☐ No

Parent/Guardian Information

1

Last Name | First Name | ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Relationship to Applicant ☐ Father ☐ Mother ☐ Other, please specify _____

Address ☐ Check here if same address as applicant | City | State | Zip

Employer Name | Business Phone | Email address

Profession | Position

2

Last Name | First Name | ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Mr.

Relationship to Applicant ☐ Father ☐ Mother ☐ Other, please specify _____

Address ☐ Check here if same address as applicant | City | State | Zip

Employer Name | Business Phone | Email address

Profession | Position

Parent / Guardian Signature: _____

FOR OFFICE USE ONLY: Date application received: _____ Received by: _____

Application fee paid: ☐ Check # _____ ☐ Cash