



montessori
children's school of key west inc.

1221 Varela Street, Key West, Florida 33040
phone 305.294.5302, fax 305.292.3201

PRIMARY APPLICATION FORM

Date of Application: _____

Anticipated Start Date: _____ Age at Anticipated Start Date _____

Applying For: Half Day (dismissal 11:45am) _____ (incoming 3 year-olds only)
Full Day (dismissal 2:30pm) _____ Unsure _____
Full Day with after care _____ (available till 5:30pm)

Child's Name: _____

Birthdate: _____ Gender: _____

Parent Name: _____

Co-Parent Name: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Contact Email: _____

Other Children in Family (please include ages): _____

A NON-REFUNDABLE APPLICATION FEE OF \$100.00 MUST ACCOMPANY THIS APPLICATION TO MAINTAIN A POSITION FOR ONE YEAR. PRIOR TO ADMISSION EACH FAMILY WILL HAVE A PERSONAL INTERVIEW WITH THE HEAD OF SCHOOL. PLEASE NOTIFY US OF CHANGES IN ADDRESS AND PHONE NUMBER.

***Your child must be 3 years-old before September 1st to be eligible to attend the current school year.**

How did you hear about us? _____

Is your child currently enrolled or has your child been enrolled in a daycare/school?
If so, where? _____

Signature(s) of Parents: _____

Office Use Only
Date Received: _____ Fee Paid: _____ Interview Date: _____