



Application for Admission Primary Program

Observation Date: _____

Child's Visitation Date: _____

Anticipated Start Date: _____

_____ Half Day until 11:45 children under 4 years old only
_____ Full Day until 2:30 available for all ages
_____ Full Day with aftercare available until 5:30
_____ Unsure at time of application

Male Female

Student Information:

Last Name First Name Middle Name

Preferred Name Date of Birth (MM/DD/YY) Age as of September 1

Address City State Zip

Parent 1:

Last Name First Name Cell Phone Alternate Phone

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

Parent 2:

Last Name First Name Cell Phone Alternate Phone

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

Parent / Guardian Signature: _____

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

Application Fee—\$100.00 Check # Cash Credit Card

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