



Application for Admission Toddler Program

Observation Date: _____

Child's Visitation Date: _____

Anticipated Start Date: _____

Toddler <u>Half Day</u> Program 8:00-11:30am		
Thur & Fri	Mon, Tue, Wed	All Days
____ 2-day	____ 3-day	____ 5-day

Toddler 5-Day <u>Full Day</u> Program ____ 8:00-2:30pm
--

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

1221 Varela Street Key West, FL 33040
305.294.5302 office@montessoriskeywest.com
License # C16MO0028

