



# 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	
_____ 2-day	_____ 3-day	(check one)

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