



Application for Admission Primary Program

Observation Date: _____

Child's Visitation Date: _____

Anticipated Start Date: _____

- Half Day until 11:30 - Under 4 years old
- Full Day until 2:30 - Available for all ages
- Full Day with aftercare available until 5:30
- Unsure at time of application

Student Information:

Male Female

Last Name First Name Middle Name

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

Street Address City State Zip Code

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 Code

Employer Name Business Phone Preferred Email

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 Code

Employer Name Business Phone Preferred Email

Parent/Guardian Signature:

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

Application Fee - \$110 Check Cash Credit Card

-- 1221 VARELA STREET, KEY WEST, FL 33040 --

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