



MONTESSORI ACADEMY OF NAPLES

Infant Application for Admission

Please complete this registration and return with a non-refundable \$30.00 application fee
(Check payable to Montessori Academy of Naples).

APPLICANT NAME: First Middle Last

Date of Birth: [] Male [] Female

Previous Care Outside of the Home:

Does the applicant have a sibling or relative already enrolled in Montessori Academy of Naples? _____

If yes, please list the name of student(s): _____

How did you first hear of Montessori Academy of Naples? _____

Parent/Guardian

Title/First Name Last Name

Address

City State Zip

Home (____) _____

Cell (____) _____

Fax (____) _____

Email: _____

Contact Preference: [] Email [] Mail

Job Title _____

Business Name: _____

Business Phone (____) _____

Parent/Guardian

Title/First Name Last Name

Address

City State Zip

Home (____) _____

Cell (____) _____

Fax (____) _____

Email: _____

Contact Preference: [] Email [] Mail

Job Title _____

Business Name: _____

Business Phone (____) _____

Martial Status of the Parents:

Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

With whom does the child live? _____

Who has custody? Mother _____ Father _____ Joint _____

Who will be responsible for the payment of tuition and school fees? _____



A non-refundable \$30.00 application fee is required for all applicants. This fee does not guarantee acceptance into the program.

(I/We) hereby authorize Montessori Academy of Naples, Inc. to contact schools and other sources to obtain information to support this application and will not seek access to confidential recommendation and evaluation materials before or after (my/our) child's/ward's admission. The undersigned releases every person and institution from any and all liability resulting from and pertaining to the furnishing of records, documents, and other information provided to Montessori Academy of Naples, Inc. for that purpose.

Your signature on this application verifies the enclosed information is correct and true. (If joint custody, both parents' signatures are required.)

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

Thank you for considering Montessori Academy of Naples, Inc. for your child's education.

Notice of Nondiscriminatory Policy: Montessori Academy of Naples, Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions and employment policies, scholarship and loan programs, and athletic and other school-administered programs.

LICENSE #C20CO0026

Montessori Academy of Naples, Inc.
2659 Professional Circle, Suite 1118 • Naples, FL 34119 • 239.597.2255 fax 888.597.1399
www.NaplesMontessori.org

OFFICE USE:

Fee Amount \$ _____

Date Received _____

Received By: _____

School Year _____

New Applicant Interview

The goal of the new applicant interview is to get to know you and your child. Answering the following questions about your child's experiences, interests, habits, and routines will allow us to better meet the needs of your child. If there is any further information you believe is important to understanding your child, you may attach an additional sheet.

Describe your knowledge about Montessori.

Why do you think Montessori Academy of Naples will be a good fit for your child?

Are there any events related to your child's birth that are important to note?

Describe your weekly family schedule.

Describe a typical daily routine for your child.

Describe your child's favorite activities at home (include amount of time spent in various activities).

Describe your child's sleep patterns.

Describe your child's appetite.

Has your child ever suffered from any serious injury or illness?

Are your child's immunizations current? If no, please explain.

Does your child have any current limitations due to medical conditions, disabilities, or allergies? If yes, describe.

How does your child deal with separation from parents or primary caregivers?