



# MONTESSORI ACADEMY OF NAPLES

## Toddler/Primary 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

Applicant to Enter: [ ] Toddler 18-36 month [ ] Primary 3 to 5-years-old [ ] Morning Only 8am-12nn [ ] After Lunch 8am-12:45pm [ ] Full Day 8am-3pm [ ] After School 3pm-5:30pm

**ACADEMIC INFORMATION:**  
 Current School Name and Grade: \_\_\_\_\_  
 Current School Address: \_\_\_\_\_  
 Previous School Name: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 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).

What activities does your child enjoy doing independently (little or no interaction with others)?

Describe your child's sleep patterns.

Describe your child's appetite.

Name/give relationship of the adults and children with whom your child has a close relationship. With whom does the child have the longest relationship (other than parents)?

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 which would limit his/her participation in the full range of school activities? If yes, describe.

What is the status of your child's toilet independence?

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

Does your child have a "comfort item" such as a pacifier, blanket, toy, bottle?

What is your discipline policy at home and how is it practiced?