





**A non-refundable application fee of \$75.00 is required for all applicants. This application and application fee does not guarantee acceptance into the program or the school.**

(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 for your child's education.*

Montessori Academy of Naples, Inc.  
2655 Northbrooke Drive, Naples, FL 34119  
Phone 239-597-2255 FAX 888-597-1399

Email: [info@naplesmontessori.org](mailto:info@naplesmontessori.org)  
Website [www.naplesmontessori.org](http://www.naplesmontessori.org)

**Notice of Nondiscriminatory Policy** Montessori Academy of Naples, Inc. admits students of any race, color, creed, gender, 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, creed, gender, 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 #C20C00132*

**OFFICE USE:**

Application Submission Date \_\_\_\_\_

Received By: \_\_\_\_\_

Application Fee Amount \$ \_\_\_\_\_

Date Received \_\_\_\_\_

Payment Method: CHECK # \_\_\_\_\_ or CASH \_\_\_\_\_ or CC/ACH Form Attached \_\_\_\_\_

## **New Applicant Questionnaire**

The goal of the new applicant questionnaire 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 understand 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, please describe.

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