



MONTESSORI ACADEMY OF NAPLES

Toddler Application for Admission

Please complete this application and return with a non-refundable \$75.00 application fee. (Check payable to Montessori Academy of Naples).

APPLICANT NAME: _____
First Middle Last

Date of Birth: _____ Male Female

Schedule Preferences: Morning-only (8:00 AM - 11:30 AM) School Day (8:00 AM - 3:00 PM) After School (3:00 PM - 5:30 PM)

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 (____) _____

Marital 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 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
Website 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 #C20CO0132

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 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, please 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?