MONTESSORI ACADEMY OF NAPLES

2026-2027

Registration

When completing this form, please be sure to include all information and write legibly. Submission of this completed form along with the completed Enrollment, Tuition and Fees Agreement, and all registration and enrollment fees is required in order to secure a space for you child for the school year.

STUDENT NAME: _____
First Name *Middle Name* *Last Name*

Male ____ **Female** ____ **DOB**: _____

Parent/Guardian

_____
Title/First Name Last Name

_____
Address

_____
City State Zip

Home: (_____) _____

Cell: (_____) _____

Email: _____

Job Title: _____

Business Name: _____

Business Phone: (____)_____

Parent/Guardian

_____
Title/First Name Last Name

_____
Address

_____
City State Zip

Home: (_____) _____

Cell: (_____) _____

Email: _____

Job Title: _____

Business Name:_____

Business Phone: (____)_____

Please indicate via checkmark the desired program, program days, and program hours. **Please note that all wraparound and part-time programs have limited availability. Requests indicated on this form do not guarantee availability.*

PROGRAM	School Day 8:00 – 3:00	Half Day* 8 – 11:30	Early Arrival* 7:30 – 8:00	After School* Until 4:00	After School* Until 5:30	Part-time* M - TH	Part-time* T - TH
EARLY CHILDHOOD PROGRAMS							
INFANT 3 - 15 mos							
TODDLER 15 - 36 mos							
PRIMARY 3 - 5 yrs (not vpk)		N/A				N/A	N/A
VPK* 4 - 5 yrs *Requires state-issued VPK certificate		N/A				N/A	N/A
SCHOOL AGE PROGRAMS							
EXTENDED PRIMARY (Kindergarten)		N/A				N/A	N/A
ELEMENTARY (grades 1 - 4)		N/A				N/A	N/A
KEYSTONE w/ approval from Head of School	N/A		N/A	N/A	N/A	N/A	