



For CMS use only:
 Date Received: _____
 Check number: _____ Amount: _____
 Program(s): _____
 Requested start date: _____

APPLICATION FOR ADMISSION

NAME OF CHILD: _____

First Middle Last

Date of Birth: _____ Place of Birth: _____ Gender: male female
 Month/day/year

Home Address: _____
 Street Apt./ Floor no.
 City/Town State ZIP Home Phone no. (____) _____

Mother/Co-Parent: _____
 If different from child's: _____ Email Address: _____
 Address: _____ Home phone no. (____) _____
 Occupation: _____ Work phone no. (____) _____ ext. _____
 Company: _____

Father/Co-Parent _____
 If different from child's: _____ Email Address: _____
 Address: _____ Home phone no. (____) _____
 Occupation: _____ Work phone no. (____) _____ ext. _____
 Company: _____

Sibling(s):	NAME	AGE	GENDER	SCHOOL & GRADE
	_____	____	M F	_____
	_____	____	M F	_____

Others (relative, au pair, etc.) living in child's home: _____

Prior day care or school experience and dates: _____

Why are you considering a Montessori education for your child? _____

How did you hear about CMS? _____ Have you observed our programs? _____

Please check the program(s) of interest below: School year for which you are applying: 20__ - 20__

<p>Montessori Programs:</p> <p>Toddler for 18 months+</p> <p><input type="checkbox"/> 5 Mornings (8:30 a.m. - 11:30 a.m.)</p> <p><input type="checkbox"/> 5 Full Days (8:30 a.m. - 2:30 p.m.)</p> <p>Primary for and 4 year olds:</p> <p><input type="checkbox"/> 5 Mornings (8:30 a.m. - 11:30 a.m.)</p> <p><input type="checkbox"/> 5 Full Days (8:30 a.m. - 2:30 p.m.)</p>	<p>Kindergarten for 5 years+:</p> <p><input type="checkbox"/> 5 Full days (8:30 a.m. - 2:30 p.m.)</p> <p>Lower Elementary</p> <p><input type="checkbox"/> 6 to 9 year olds (8:30 a.m. - 3:30 p.m.)</p> <p>Upper Elementary</p> <p><input type="checkbox"/> 9 to 12 year olds (8:30 a.m. - 3:30 p.m.)</p>	<p>Extended Day:</p> <p><input type="checkbox"/> Early Care (7:30 - 8:30 a.m.)</p> <p><input type="checkbox"/> After School (2:45 - 5 p.m.)</p>
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Are you aware of any special learning needs your child may have? _____

Does your child have any medical concerns (e.g., allergies or sensitivities to certain foods or medications, traumatic injuries or serious illnesses)? _____

Does your child adapt well to separation from you? _____

Does your child adapt well to new settings? _____

Please describe your child's personality and temperament: _____

Please provide us with any additional information we should know about your child: _____

FOR ALL APPLICANTS:

- Florida Health Certificate

FOR ALL APPLICANTS WHO HAVE ATTENDED SCHOOL:

Current school: _____ Current grade level: _____

Academic interests: _____

- Transcript from your child's current and previous school(s).
- Student Evaluation Form completed by your child's current teacher. Evaluation forms are available for download from the Admissions pages of www.cattoiramontessori.com.

DEPOSIT FEE:

Upon receipt of the application form and non-refundable deposit of \$800 you will receive an acknowledgement.

Families must attend an interview in order to be considered for enrollment. Please make checks payable to **Cattoira Montessori School** and mail to **9385 SW 79th Ave., Miami, FL 33156**. You may include a recent snapshot of your child if you wish.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Date: _____