

Cattoira Montessori School



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.

Home Phone no. (____) _____

City/Town

State

ZIP

Mother/ Co-Parent: _____

If different from child's: _____ Email: _____

Address: _____ Cell phone no. (____) _____

Occupation: _____ Work phone no. (____) _____ ext. _____

Company: _____

Father/ Co-Parent: _____

If different from child's: _____ Email: _____

Address: _____ Cell 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____

Cattoira Montessori Programs:

Toddler for 18 Months +

- 5 Full Days (8:30 a.m. – 2:30p.m.)
- 5 Mornings (8:30 a.m. – 11:30a.m.)

Kindergarten for 5 years +:

- 5 Full Days (8:30 a.m. – 2:30p.m.)

Upper Elementary

- 6 to 12 year old (8:30 a.m. - 3:30p.m.)

Primary for 3 and 4 year olds

- 5 Full Days (8:30 a.m. – 2:30p.m.)
- 5 Half Days (8:30 a.m. – 11:30a.m.)

Lower Elementary

- 6 to 9 year olds (8:30 a.m. – 3:30p.m.)

Extended Day

- Early Care (7:30 – 8:30a.m.)
- After School (2:45 – 5:00p.m.)

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 \$950.00 or \$1425.00 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: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____