



8381 George Washington Memorial Highway
PO BOX 1510
Gloucester, VA 23061

Dear Parents/Guardians:

Thank you for inquiring about Gloucester Montessori School for your child. Our mission at Gloucester Montessori is to provide an education based on the individual that fosters independence, leadership and discovery for students from 16 months through Kindergarten, and beyond.

At GMS, students learn in a hands-on environment at their own pace using proven methods developed by Dr. Maria Montessori. A renowned physician and scientist, Dr. Montessori developed this educational approach based on extensive research into children's natural learning tendencies. The Montessori Method of educating children is utilized around the world and widely accepted in public and private schools across the United States.

In fact, many well-known entrepreneurs like Sergey Brin and Larry Page (founders of Google), Jeff Bezos (founder of Amazon.com), Julia Child and Yo-Yo Ma credit their early Montessori education as vital parts of their ultimate success.

Key characteristics of a Montessori classroom include:

- A unique prepared classroom environment that is designed to facilitate learning and independence.
- Specifically designed Montessori materials that invite children to engage in learning activities at their own individual levels.
- Montessori trained teachers that instruct, observe and guide students as they progress through the curriculum, cultivating concentration, self-discipline and the love of learning.

Gloucester Montessori School is a full member school of the American Montessori Society. With a membership of over 11,000 schools worldwide, AMS is the largest Montessori organization in the world. Our lead instructors hold Montessori credentials that are issued by the American Montessori Society and the Association Montessori Internationale.

There's no doubt that the love of learning starts early in life and at GMS, we're poised to provide the attention necessary to prepare the foundation. Thank you for taking the time to learn more about our programs. Please give us a call at (804) 699-3020 or email info@gloucestermontessori.com if you have any further questions.

Sincerely,

Gloucester Montessori School



GLOUCESTER MONTESSORI SCHOOL ADMISSIONS TODDLER HOUSE

GMS Admissions Process

1. Tour of GMS
2. Submission of an application for enrollment, student questionnaire & \$75.00 application fee
3. Family interview
4. Admission decision
5. Submission of a student contract for enrollment
6. Collection of additional information as needed (birth certificate data, current immunization record and physical, emergency contacts, transcripts from any previous school, etc.)

Toddler Criteria for New Student Enrollment

1. Minimum 16 months of age and walking
2. Family support for Gloucester Montessori School and its mission

GMS Mission Statement

Grounded by the Montessori Method of educating children based on the individual, Gloucester Montessori maintains an environment that fosters **Independence, Leadership and Discovery** for students from toddlerhood through Kindergarten, and beyond.

How did you hear about Gloucester Montessori School? _____

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

How would you describe your child's personality and learning style? _____

What form of discipline is used in your home? _____

What other information can you share that would help us understand your child? _____

GMS depends on our families to volunteer for school-wide functions and various classroom jobs. What skills, interests or expertise might you share with GMS? _____

Upon receipt of your application, your child will be placed in our active applicant pool. We will call your family to schedule a time for your family to come in for an interview.

Signature of parent/guardian

Date

Please submit your \$75.00 new student application fee along with this form. This is a one-time non-refundable fee that does not apply toward your tuition.



TODDLER QUESTIONNAIRE

We wish to familiarize ourselves as much as possible with your child in order to better understand their needs. Please fill out the following questionnaire and return it with your child's application. Thank you for taking the time to provide us with this helpful information.

Child's Name _____ Nickname _____

Age _____ Birthdate _____ Place of Birth _____

PHYSICAL DEVELOPMENT

Does your child:

- | | | |
|---|---|--|
| <input type="checkbox"/> sit with support | <input type="checkbox"/> walk with assistance | <input type="checkbox"/> jump |
| <input type="checkbox"/> sit unassisted | <input type="checkbox"/> walk unassisted | <input type="checkbox"/> crawl forward or backward |
| <input type="checkbox"/> stand | <input type="checkbox"/> go up steps | <input type="checkbox"/> use a pincer grasp |
| <input type="checkbox"/> run | <input type="checkbox"/> go down steps | <input type="checkbox"/> throw |

HEALTH HISTORY:

Describe with age and severity if your child has had high fevers, convulsions, childhood diseases, accidents, operations, visual problems: _____

Please list any special medical considerations: _____

Allergies: _____

SOCIAL/ENVIRONMENTAL HISTORY:

Who lives at home with your child? _____

Languages other than English spoken in the home: _____

Who has taken care of your child in the past? _____

Who is your child's current caretaker? _____

How does your child react to new situations? _____

What upsets your child? _____

What do you find is the best way to help your child when they are upset? _____

How often does your child need to be held during the day? _____

How does your child communicate? (crying, pointing, phrases, sentences) _____

How long can your child engage in independent play? _____

What are your child's favorite toy/activities/interests? _____

What activities do you enjoy as a family? _____

What discipline techniques do you use to guide your child? _____

Does your child have behaviors that are of concern to you? _____

DAILY ROUTINE:

What time does your child wake? _____

What time does your child go to bed? _____

Does your child sleep in his/her own room? _____ own bed? _____

Does your child use a pacifier, bottle or nurse to go to sleep? _____

Does your child walk, talk, or cry out at night? _____

Does your child take a nap (length and time) _____

How much TV or other screen time does your child watch per day? _____

CAREGIVERS' DESCRIPTIONS OF THEIR CHILD:

_____ says,

" _____

_____."

_____ says,

" _____

_____."

Thank you for helping us get to know your child better.