



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.

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](mailto:info@gloucestermontessori.com) if you have any further questions.

Sincerely,

*Gloucester Montessori School*



## **GLOUCESTER MONTESSORI SCHOOL ADMISSIONS CHILDREN'S HOUSE**

### **GMS Admissions Process**

1. Tour of GMS
2. Submission of an application for enrollment, student questionnaire & \$75.00 application fee
3. Family and student 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.)

### **Children's House Criteria for New Student Enrollment**

1. 3 years of age
2. Able to use the toilet independently
3. Age-appropriate readiness
4. Respect for materials, animals, and plants in the school environment
5. Willingness to listen
6. Parental awareness of the Montessori philosophy of education
7. 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.



# Student Application

**For GMS Office use**

Tour \_\_\_\_\_

Application \_\_\_\_\_

Application fee \_\_\_\_\_

Questionnaire \_\_\_\_\_

Interview \_\_\_\_\_

Decision \_\_\_\_\_

Start Date \_\_\_\_\_

P.O. Box 1510  
Gloucester, Virginia 23061  
(804) 699-3020

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Student's NameGenderDate of Birth

**Toddler House**

5 half days  
8:30am - Noon

5 full days  
8:30am - 3:30pm

**Children's House**

5 half days  
8:15am - Noon

5 full days  
8:15am - 3:15pm

**Elementary 1<sup>st</sup> – 6<sup>th</sup> grade**

5 full days  
8:15am - 3:15pm

Primary Caregiver's Information:

Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Primary Caregiver's Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Sibling Information:

1. \_\_\_\_\_ / / \_\_\_\_\_ Y \_ / \_ N \_      2. \_\_\_\_\_ / / \_\_\_\_\_ Y \_ / \_ N \_  
      Name                  DOB                  In the home                  Name                  DOB                  In the home

3. \_\_\_\_\_ / / \_\_\_\_\_ Y \_ / \_ N \_      4. \_\_\_\_\_ / / \_\_\_\_\_ Y \_ / \_ N \_  
      Name                  DOB                  In the home                  Name                  DOB                  In the home

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.**

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\_\_\_\_\_  
*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.**



# CHILDREN'S HOUSE 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"/> use writing utensils | <input type="checkbox"/> go up and down stairs one foot on each step | <input type="checkbox"/> jump with two feet |
| <input type="checkbox"/> use a spoon and fork | <input type="checkbox"/> go up and down stairs two feet on each step | <input type="checkbox"/> hop on one foot    |
| <input type="checkbox"/> use scissors         | <input type="checkbox"/> catch a bounced ball                        | <input type="checkbox"/> run smoothly       |
| <input type="checkbox"/> throw fluidly        | <input type="checkbox"/> draw a person with 2-4 body parts           | <input type="checkbox"/> pedal a tricycle   |

## **HEALTH HISTORY:**

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

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Please list any special medical considerations: \_\_\_\_\_

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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 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.**