



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.



Student Application

For GMS Office use

Tour _____
Application _____
Application fee _____
Questionnaire _____
Interview _____
Decision _____
Start Date _____

P.O. Box 1510
Gloucester, Virginia 23061
(804) 693-6455

Student's Name _____ Gender _____ Date of Birth _____

Toddler House
 5 half days (8:30-11:30)
 5 full days (8:30-3:15)

Children's House
 5 half days (8:30-11:30)
 5 full days (8:30-3:15)

Elementary 1st – 6th grade
 5 full days (8:30-3:15)

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.

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.