



Good Shepherd Montessori School
 1101 E. Jefferson Blvd. South Bend, Indiana 46617
 ph (574)288-0098 fax (574)288-0077 www.gsms.org



PRIMARY CLASSROOM (Ages 3-6) APPLICATION FOR ENROLLMENT 2017 - 2018

Good Shepherd Montessori School does not discriminate on the basis of race, religion, sex, ethnicity, or national origin

Child's Full Name _____		Name commonly used _____	Gender _____
Address _____		City _____	State _____ ZIP _____
Date of Birth _____	Age Sept 1* Years _____ Months _____	Potty trained? Y N	

*Child must show readiness to be in a primary environment (ability to follow direction, accept a gentle "no," be potty trained - best to enter around age 2 ½ or 3)

A child gleans the most from a Montessori primary environment by having the full three year cycle. The child that enters around the age of three will reap the most benefit due to the developmental windows of opportunity that occur at this age.

When choosing the half day or the full day option, we encourage you to consider the following:

- Younger children are encouraged to participate in the half day option. A three hour work cycle in a Montessori community matches their development needs at this time.
- Maria Montessori observed that as children get older their stamina extends beyond the three hour work cycle of the morning.
- Younger children who stay for full day are given the opportunity to rest. Full Day is an option for younger ones to support family needs such as work schedules or long commutes.

Please check one box **Half Day Option** (8:00-12:00) **Full Day Option** (8:00-3:00)

Mother/Guardian (Complete address if different from child)

Name: _____

Address _____

City _____ State _____ ZIP _____

Contact: _____ **Work:** _____

Home Phone _____ Occupation _____

Work Phone _____

Cell Phone _____ Employer _____

E-mail _____ List e-mail in school directory? Y N

Custodial Parent Non-Custodial Parent Guardian*

*Please attach documentation

Father/Guardian (Complete address if different from child)

Name: _____

Address _____

City _____ State _____ ZIP _____

Contact: _____ **Work:** _____

Home Phone _____ Occupation _____

Work Phone _____

Cell Phone _____ Employer _____

E-mail _____ List e-mail in school directory? Y N

Custodial Parent Non-Custodial Parent Guardian*

*Please attach documentation

Family Information Please check box if child attends Good Shepherd

<input type="checkbox"/> _____ Name of Sibling _____ Date of Birth _____	<input type="checkbox"/> _____ Name of Sibling _____ Date of Birth _____
<input type="checkbox"/> _____ Name of Sibling _____ Date of Birth _____	<input type="checkbox"/> _____ Name of Sibling _____ Date of Birth _____

Who is currently living with your child? _____

Continued On Reverse Side

Previous Preschool/ Day Care Information

_____	_____	Montessori?	Y	N
Name	# of years			
_____	_____	_____	_____	_____
Previous School/ Day Care Address	City	State	ZIP	Teacher Contact

Family and Parent Cooperative Involvement

_____ initial I understand that parents and/or extended family members are expected to contribute to the life of the school at least one hour per week (35 hours over the academic year). This may include cleaning the school, teaching classes, assisting with art/baking/music/gardening activities, providing transportation, presence at recess and lunch, serving on committees, etc.

_____ initial I understand that education of the whole person is an ongoing process that occurs most successfully when life activities at home and school are as consistent as possible. I understand that the education of my child is a partnership of home and school and agree that regular two way communication and conversations about ways that these environments support my child's developmental, social, and spiritual needs is appropriate and welcome.

_____ Mother or Guardian's Signature _____ Date

_____ Father or Guardian's Signature _____ Date

Enrollment Check List

- Enrollment Form
- \$100 Enrollment Fee
- Parent Perspective Form

We are committed to a fully functioning Montessori classroom that is balanced and diverse. We are dedicated to creating an authentic community of 3-6 year olds which is in line with the teachings of Maria Montessori, the school's mission statement and beliefs, and the developmental needs of your child. This selection process will not be first come first served, but rather one in which all the applicants will be reviewed and admitted based on a variety of factors. If your child is placed in the waiting pool you will be updated about the status.

Enrollment Process

1. Turn in completed Enrollment Application with non-refundable \$100 enrollment fee and Parent Perspective Form.
2. Good Shepherd will review enrollment forms and a family interview will take place.
3. The children who are admitted will receive a Letter of Acceptance.
4. Parents will sign Tuition Agreement and submit \$400 deposit* to hold child's place in the Primary Classroom.

* \$400 deposit:

- will be applied to first tuition payment if child is admitted and tuition agreement signed.
- will be non-refundable if child is admitted but does not attend Good Shepherd Montessori School.

PARENT PERSPECTIVE – Primary Classroom (Ages 3-6)



_____ yrs _____ months
Child's Name Age on September 1st

_____ Parent's Name Parent's Signature Date

Please comment on your child:

How would you describe your child's personality?

What are some of your child's interests and favorite activities?

Does your child have a nap routine? If so, please describe.

Does your child have a nighttime routine? What time does he or she go to bed?

Does your child have any fears? What techniques help to comfort your child?

What types of peer socializing has your child experienced (i.e. siblings, cousins, play group, day care program, preschool, religious education class, etc)? How do they respond to being in a group among peers?

Is your child potty trained? What does he or she need assistance with in the bathroom? Does your child tell you when he or she has to go?

PARENT PERSPECTIVE – Primary Classroom (ages 3-6) continued

Child's Name

Does your child have any nutrition/health needs or allergies?

Does your son or daughter have any special needs for which the school needs to be prepared? Please explain.

Please check any areas of concern

- Motor Skills** **Speech** **Physical Limitations** **Listening** **Language Skills**
 Attention **Visual** **Behavior** **Social/Emotional Development**

What methods of discipline do you use at home?

What topics would interest you for Parent Education Nights?

What appeals to you about Good Shepherd Montessori School?

What are your immediate expectations or hopes for your child at Good Shepherd?

Throughout the year, there will be various opportunities for parents to come to school. Do you have any special talents or interests you would like to share with the class?

Please share with us anything else you would like us to know about your child.