



## APPLICATION FOR ADMISSION

Email the application along with two current photos: 1) child and 2) family to [jgrady@fullcirclemontessori.com](mailto:jgrady@fullcirclemontessori.com).

Date of Application: \_\_\_\_\_ Applying for Fall of 20\_\_ or Spring of 20\_\_

- School Options:     \_\_\_ Elementary 8:30- 3:45 (M-Th) & 8:30 - 1:30 (F)  
                           \_\_\_ Elementary Afternoon Montessori 3:45 - 5:00 (M-TH)
- \_\_\_ Primary Morning Program 8:45 - 12:30 (M-F)  
                           \_\_\_ Primary Full Day Program 8:45 - 3:30 (M-TH) and 8:45 - 12:30 (F)
- \_\_\_ Young Children’s Community 8:15 - 12:30 (M-F)  
                           \_\_\_ Young Children’s Community Full Day Program 8:15 - 3:15 (M-TH) and 8:15 - 12:30 (F)

**\*\*On Fridays, all Young Children’s Community and Primary children dismiss at 12:30 and Elementary children dismiss at 1:30\*\***

### Child

First	Middle	Last	Nick Name
Gender	Birthdate	Age Years and Months	Place of Birth
Address			

### Family

Parent(s)/Guardian: \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Single Parent \_\_\_ Mother Deceased \_\_\_ Father Deceased

Parent/Guardian			Parent/Guardian		
Name	Citizenship		Name	Citizenship	
Home Address			Home Address		
City	State	Zip	City	State	Zip
Home Phone	Cell Phone		Home Phone	Cell Phone	
Email			Email		
Occupation	Employer		Occupation	Employer	
Business Address			Business Address		
City	State	Zip	City	State	Zip
Business Phone	Pager		Business Phone	Pager	
Education			Education		
Languages spoken at home	Citizenship		Languages spoken at home	Citizenship	

Sibling’s name(s), date(s) of birth, school(s) currently attending (if applicable)

Regular nanny/babysitter/caregiver

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Hours \_\_\_\_\_ Phone \_\_\_\_\_

Full Circle Montessori School welcomes all people of any race, religious creed, color, national or ethnic background, sex, handicap, and *age to all the* rights, privileges, programs and activities generally accorded or made available to students at the school. Full Circle Montessori School believes diversity enriches our community by expanding our understanding of people, cultures, customs, beliefs, and lifestyles.



Other adults living in home and relationship to child

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Adults NOT authorized to pick up child (name, relationship, phone)

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If divorced, is there a Custody Court Order Agreement? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please provide copy)

Name of neighborhood your family lives \_\_\_\_\_

I understand that offers of admission are contingent on my child's developmental readiness, as determined by FCMS. I am aware that it is equally important that a family's educational and child-rearing philosophy be compatible with that of FCMS. In addition, I am aware that Class Placement also depends on the Montessori requirement for age and gender balance in the classroom. I understand that FCMS reserves the right to determine whether or not it can meet my individual child's specific needs and can issue removal of my child from school should staff determine that the child's needs cannot be met by FCMS.

\_\_\_\_\_ Parent/Guardian/Date \_\_\_\_\_ Parent/Guardian/Date

## FULL CIRCLE MONTESSORI SCHOOL APPLICATION FOR ADMISSION FAMILY QUESTIONNAIRE

Email the questionnaire along with two current photos: 1) child and 2) family to [jgrady@fullcirclemontessori.com](mailto:jgrady@fullcirclemontessori.com).

Please answer the following questions.

### ELEMENTARY SPECIFIC:

1. Describe your previous experience with Montessori (personal, or child, or any - if any).
2. Where and when did your child attend a previous Montessori school (if any)?
3. Specifically, what is it about your current/previous Montessori school that you like (if applicable)?
4. What would you say needs improvement at your current/previous Montessori school?
5. Why Montessori? Specifically, what is it about the Montessori philosophy that interests you in choosing this option for your child and your family at the Elementary Level?
6. What is your exposure to and/or understanding of Cosmic Education?
7. Why Full Circle Montessori School (FCMS) as compared to other Elementary Programs?
8. How does your child participate in home life (chores, helping)?

### PRIMARY OR YCC SPECIFIC:

1. Describe your previous experience with Montessori or previous daycare/pre-school experience (personal, or child, or any - if any).
2. Where and when did your child attend a previous Montessori school or daycare/preschool (if any)?
3. Specifically, what is it about your current/previous Montessori school or daycare/preschool that you like (if applicable)?
4. What would you say needs improvement at your current/previous Montessori school or daycare/preschool school?
5. Why Montessori? Specifically, what is it about the Montessori philosophy that interests you in choosing this option for your child and your family?
6. What is your exposure to and/or understanding of Montessori philosophy?
7. Why Full Circle Montessori School (FCMS) as compared to other programs?
8. Describe opportunities for independence that your child has in the home environment / with you.

### ALL APPLICANTS:

9. Have you attended our open house?
10. What type of interactions/parent involvement do you seek at FCMS?
11. What other schools/learning environments are you considering? Why?

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12. What should school be for?
  13. What does the phrase "Learning is not a place, it's an activity" coined by Andreas Schleicher mean to you?
  
  14. How would you describe your child's personality and learning style?
  15. Does your child have any special educational, physical, social, or emotional needs?
  16. How do you see your child in his/her emotional/social development?
  17. Does your child see any specialists or professionals beyond their pediatrician with whom we would want to collaborate?
  18. How is your child's general health?
  19. What do you see as your child's greatest strengths? Greatest challenges?
  20. In what areas would you like to see your child's potential more fully developed?
  21. What hopes, dreams or goals do you have for your child in the short term? In the long term?
  22. How do you envision Full Circle assisting you in meeting these hopes, dreams, and goals?
  23. How do you discipline your child?
  
  24. What is your greatest joy as a parent? Your greatest challenge?
  25. How does your family spend time together? How do you spend your free time?
  26. Does your family participate in volunteer or community work?
  27. What interests, skills, background, or hobbies can you or a family member/friends share with the school community?
  28. Please share any additional information ☺.
- Whew! That's all! You are finished!

We look forward to receiving your application and getting to know more about you and your family.

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