



ABC Learning Centre, Inc. Application School Year: 2022-23

6691 W State Rd. 46

Columbus, IN 47201

PHONE (812) 342-3029

FAX (812) 342-0296

Website: abc-stewart.org

ABC-Stewart School Application for Enrollment

Each of our programs educate students to be collaborative and independent learners. As your child develops academically and personally, they will be prepared for the next educational level. This pursuit of higher education and excellence begins with our toddler program and continues through their 6th year at ABC-Stewart Elementary School. We encourage all families to continue with our school through the entirety of the Elementary Program.

Our Mission

We seek to educate and prepare each child to make life's journey as an independent, responsible citizen of the world.

Our Vision

Our vision is that ABC-Stewart School will be the school of choice for families committed to bringing out excellence in all aspects of their child.

ABC Learning Centre, Inc. (a not-for-profit organization Fed. ID#35-1178392) is a Montessori-oriented learning environment and has a racially non-discriminatory policy. The school does not discriminate on the basis of race, color or national and ethnic origin in its admission policies and procedures, administration of its educational policies, scholarship or other financial assistance programs, and athletic and other school administered programs.

Child's Name (First, Middle, & Last): _____

Date of Birth _____ Gender: _____

What name would your child like his/her teacher to use in the classroom? _____

Is this child a current student? Yes _____ No _____

*All applicants must provide a current copy of the child's immunization records.

*A copy of each student's birth certificate must be on file.

*A current emergency contact form must be on file.

Please read: *It is important to know how many students will be graduating to the next program. In which classes do you plan to enroll your child in future years at ABC-Stewart School? Please mark all below.*

Preschool _____ Kindergarten _____ ABC-Stewart Elementary _____ Other _____

Father/Guardian #1: _____

• Email Address: _____

• Home/Cell Phone: _____

• Work Phone: _____

• Employer: _____

Home Address: _____, City _____, Zip _____

Mother/Guardian #2: _____

• Email Address: _____

• Home/Cell Phone: _____

• Work Phone: _____

• Employer: _____

Home Address: _____, City _____, Zip _____

Where did you learn about ABC-Stewart Montessori School?

In which elementary public school district do you reside?

Please list other children in your family and include their age:

Does your child have any allergies or medical needs we should be aware of?

Do we have permission to use photos of your child on our school website, social media, and newsletter?

Yes: _____ No: _____ Picture w/ no name: _____ Other: _____

School Programs

Children are evaluated on an individual basis and it may be necessary for the child to spend time in the classroom prior to acceptance for admission. Final acceptance of this application is made by the School. Acceptance into one school program does not mean that acceptance into another is guaranteed. We reserve the right to reevaluate students throughout their development.

Please indicate below which program(s) your student is applying for this school year.

_____ Two's "More or Less" Preschool Class: Introduction to Montessori Learning

Your child must be 2 years old by September 1st to be eligible for this program.

Available for children two and three years old.

This class meets from 9:00-11:30 a.m. Monday - Friday

_____ Children's Garden and Horizons Preschool/Kindergarten Class

Available for Students ages 3-6 years old. Students must be 3 years old by September 1st. 3 year olds attend 5 morning sessions. All other children attend 5 morning sessions and 4 afternoon sessions.

- Children's Garden Class meets-
 - 8:30-2:45 p.m Monday, Tuesday, Thursday, and Friday
 - 8:30 -11 a.m. on Wednesdays only.
- Horizons Class meets-
 - 8:45-3:00 p.m Tuesday, Wednesday, Thursday, and Friday
 - 8:45 -11:15 a.m. on Mondays only.

Please place an X next to your first class choice:

_____ 5 Mornings, Monday through Friday

_____ 9 sessions Monday through Friday, 4 full days + 1 half day

_____ Stewart Elementary School

Available for students grade levels 1st through 6th. Elementary classes meet 8:15-3:15 p.m. every day.

List Level Entering: _____

Splendid Days & Extended Days

Before and After School Program. Splendid/Extended Days accommodates all ABC-Stewart students.

Available Monday-Friday, 7:30 a.m to 5:30 p.m. Splendid Days is not open when school is closed.

What is your experience with Montessori education?

What educational goals do you have for your child?

How do you see ABC-Stewart assisting you in meeting these goals for your child?

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

What do you see as your child's greatest strength(s)?

Specify any special educational, physical or emotional needs of your child:

Please share your native country/language. If English is not your child's primary language, how well does your child speak English?

Please Read Carefully

We agree to the enrollment of the above-named child for the school year noted above (as defined by the school calendar). We understand that we must give Two months' written notification of withdrawal date, if prior to the end of the school year, or TWO months' tuition is due. We understand final class placement is made by the School. We have attached a non-refundable \$80 application fee to validate the application. We have read both sides of the Tuition and Fees Schedule carefully. We understand that ABC-Stewart School encourages parents to participate in the education of their children.

I understand that children are evaluated on an individual basis and it may be necessary for the child to spend time in the classroom prior to acceptance for admission. Final acceptance of this application is made by the School. Acceptance into one school area does not mean that acceptance into another is guaranteed. I understand that the school reserves the right to reevaluate students throughout their development, and may cancel my child's enrollment if it is determined that ABC-Stewart School is not the best fit for my student.

Parent/ Guardian Signature: _____

Date: _____

Parent/ Guardian Signature: _____

Date: _____

Mailing List Information

We love to keep our school community up to date with school events, fundraising opportunities, and other important information about ABC Stewart. We will automatically add all parents' email addresses to our mailing list, but we also want to give the option to add any other important family members to this group as well. This may be grandparents, aunts/uncles, close family friends, etc.

Please list anyone below who you would like added to our mailing list!

Name:

Email Address:

Relationship:
