ABC Learning Centre, Inc. 6691 W State Rd. 46 Columbus, IN 47201 (812) 342-3029/ FAX (812) 342-0296

Website: abc-stewart.org

**Application School Year: 2021/2022** 

## **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 Two's 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.

| Date of Birth                         | Gender:                  |                         |                           |
|---------------------------------------|--------------------------|-------------------------|---------------------------|
| s 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 bi          | rth certificate must be  | on file.                |                           |
| *A current emergency contact          | ct form must be on file  |                         |                           |
| Please read: It is important to know  | how many students w      | ill be graduating to th | ne next program. In which |
| classes do you plan to enroll your ch | ild in future years at A | BC-Stewart School?      | Please mark all below.    |
| Preschool Kindergarten                | ABC-Stewar               | t Elementary            | _                         |
| F-44                                  |                          |                         |                           |
| Father/Guardian:                      |                          |                         |                           |
| Email Address:                        |                          |                         |                           |
| Home Phone:                           | Cell                     |                         | Work                      |
| Employer:                             |                          | Position                |                           |
| Address:                              |                          | , City                  | , Zip                     |
| Mother/Guardian:                      |                          |                         |                           |
| Email Address:                        |                          | _                       |                           |
| Home Phone:                           | Cell                     |                         | Work                      |
| • Employer:                           |                          |                         |                           |
| Address:                              |                          | , City                  | , Zip                     |
|                                       |                          | _                       |                           |
| Where did you learn about ABC-Stew    |                          |                         |                           |
| in which elementary public school di  | strict do you reside?    |                         |                           |

## **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.

| Saplings Preschool Class  Your child must be 18 months old by August 1st. to be eligible for this program.  Available for children at least 18 months old by August 1st, two year olds and young three year olds.  This class meets from 9:00-11:30 a.m.  |
|---|
| 5 mornings Monday through Friday  |
| ABC, Children's Garden, and Horizon's Preschool & Kindergarten Class  Available for 3 through 6 year old children. Students must be 3 by August 1st to attend.  3 year olds attend mornings only. Children must be 4 by August 1st to attend full days.  Kindergarten available for Students ages 5 and 6. Students must be 5 by September 1st. All Kindergartners attend 9 sessions.  Children's Garden Class meets 8:30-2:45 p.m., mornings 8:30 -11 a.m., Wednesday: mornings only Horizons' Class meetings 8:30-2:45 p.m., mornings 8:30 - 11 a.m., Monday: mornings only ABC Class meets 8:45-3:00 p.m., mornings 8:45-11:15 a.m., Tuesday: mornings only  Please indicate your 1st, 2nd and 3rd choice:  Children's Garden ABC Horizons |
| Please select the number of sessions you would like your child to attend. Please indicate which days of the week you would prefer your child to attend. Use M = Morning F = Full Day One session is a half day. A full day is two sessions.   |
| 3 mornings MondayTuesday WednesdayThursdayFriday  |
| 4 mornings MondayTuesdayWednesdayThursdayFriday   |
| 5 mornings Monday through Friday, mornings only   |
| 6 sessions MondayTuesday WednesdayThursdayFriday  |

\_\_\_\_\_7 sessions Monday\_\_\_\_Tuesday\_\_\_\_ Wednesday\_\_\_\_Thursday\_\_\_\_Friday\_\_\_\_

\_\_\_\_\_8 sessions Monday\_\_\_\_Tuesday\_\_\_\_ Wednesday\_\_\_\_Thursday\_\_\_\_Friday\_\_\_\_

\_\_\_\_9 sessions Monday through Friday, 4 full days + 1 half day.

| Stewart Elementary School  Available for students grade levels 1st thru 6th. Elementary classes meet 8:15-3:15 p.m.  List Level Entering:   |
|---|
| Splendid Days & Extended Days  Before and After School Program. Splendid Days accommodates all ABC-Stewart preschool & kindergarten students. Available Monday-Friday, 7:15 a.m to 6:00 p.m. Splendid Days is closed when school is closed.   |
| 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 <a href="Two months">Two months</a> ' written notification of withdrawal date, if prior to the end of the school year, or <a href="Two months">TWO months</a> ' tuition is due. We understand final class placement is made by the School. We have attached a <a href="mon-refundable">non-refundable</a> \$75 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:   |
| Our Mission   |
| We seek to educate and prepare each child to make life's journey as an independent, responsible citizen of the world.   |
| <u>Our Vision</u>   |

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.

## Family Educational Values: Insight for school and parent collaboration

Please complete this form to be shared with your child's teachers. Please have one form per child completed.

Please grant or restrict permission to use your child's photos by marking "yes" or "no" next to each item. Occasionally, students are featured in the local newspaper, school newsletter included in our invitation only Facebook site or used for marketing. Facebook/Instagram: Yes No Newspaper articles: Yes No Marketing: Yes No Newsletter: Yes No What name would your child like their teachers to use in the classroom? Child's general health and allergies. 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/learning style? What do you see as your child's greatest strength(s)? What is your native country and language? \*This is helpful when ordering flags and planning ethnic events. \*If your native language is not English, please circle how your child speaks English: well a little not at all Specify any special educational, physical or emotional needs of your child: What special skills could you offer to the school? This information is helpful when selecting committee members.