

ABC-STEWART SCHOOL

(ABC Learning Centre, Inc.)
6691 W. State Road 46
Columbus, IN 47201
812-342-3029/FAX 342-0296
website: abc-stewart.org

Application for Enrollment

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.

School Year: _____

Child's Name: _____ Date of Birth: _____

New applicants must attach a copy of birth certificate. ***

Gender: Male Female

All applicants must provide a copy of current immunization record.**

Please print clearly!

Father's Name: _____ email: _____

Address/City/Zip: _____ Home Phone: _____

Cell: _____

Employer: _____ Work Phone: _____

Mother's Name: _____ email: _____

Address/City/Zip: _____ Home Phone: _____

Cell: _____

Employer: _____ Work Phone: _____

AA

Toddler Program (2's and Young 3's) _____ MWF 9-11:30am (may attend aftercare T/Th)

Pre-School for *3's & Young 4's _____ 3 *mornings (8:30-11am or 8:45-11:15)

Classrooms: Horizons Class, _____ 4 *mornings ***** (Indicate 1st, 2nd, 3rd choice*****

Children's Garden & ABC _____ 5 *mornings of classroom: Horizon, CG, ABC)

(*Student must be 3 by August 1)

Pre-School Program for 4's & 5's _____ 6** sessions (may be 3 full days or other)

Classrooms: Horizons Class, _____ 7** sessions (may be 5 am + 2 pm or other)

Children's Garden & ABC _____ 8** sessions (may be 4 full days or other)

(**Student must be 4 by August 1) _____ 9** 4 full days plus 1 half day

Other specific schedule: _____

Kindergarten (Must be 5 by Aug. 1) _____ 5 sessions (5 am or 2 full days+ 1 am)

Kindergarten rooms: _____ 6 sessions (may be 3 full days or other)

Horizons, Children's Garden _____ 7 sessions (may be 5 am + 2 pm or other)

or ABC _____ 8 sessions (may be 4 full days or other)

_____ 9 sessions (4 full days plus 1 half day)

Other specific schedule: _____

****Note the class times are on the Tuition/Fees schedule****

Stewart Elementary School _____ (List Grade Entering: _____) 8:15am-3:15pm

Splendid Days (before and after school program, 7 a.m. to 6 p.m.): Please list the *approximate* times your child will arrive and depart: _____

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 the non-refundable \$75 application fee to validate the application. We have read both sides of the Tuition and Fees Schedule carefully.

Date: _____ Mother/Guardian's Signature: _____

Date: _____ Father/Guardian's Signature: _____

New applicants, please complete reverse side. Returning applicants, complete the reverse as necessary.

To be completed by applicants NEW TO THE SCHOOL, or updated by returning families.

Schools previously attended by child:

Name _____ Address _____ Dates _____

Name _____ Address _____ Dates _____

Other children in family:

Name _____ Age ____ Name _____ Age ____

Child's general health (including 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 our child's personality and learning style? _____

How does your family enjoy spending time together? _____

What do you see as your child's greatest strengths? _____

In what areas would you like to see your child's potential more fully developed? _____

How do you discipline your child? _____

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

As a member of a school dependent on parent volunteers, what talents, interests, resources can you share to enhance the ABC-Stewart community? _____

In which elementary public school district do you reside (Southside, Parkside, etc) _____