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: |
|---|---|
| Child's Name: **New applicants must attach a copy of birth certificate. ****All applicants must provide a copy of current immur | Gender:MaleFemale |
| Please print clearly! | inzation rootid. |
| Fathania Nama | email: |
| Address/City/Zip: | Homo Dhonor |
| | Cell: |
| Employer: | 147 I DI |
| Mother's Name: | email: |
| Address/City/Zip: | Home Phone: |
| | Cell: Work Phone: |
| Employer: | Work Phone: |
| | |
| 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: Educare, | 4 *mornings ******** (Indicate 1 st , 2 nd , 3 rd choice****** |
| Children's Garden & ABC | 5 *mornings of classroom: Educare, 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: Educare, | 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 |
| (clausic mass us : u, raguet :, | Other specific schedule: |
| Kindergarten (Must be 5 by Aug. 1) | 5 sessions (5 am or 2 full days+ 1 am) |
| Kindergarten rooms: Educare, | 6 sessions (may be 3 full days or other) |
| Children's Garden & ABC | 7 sessions (may be 5 am + 2 pm or other) |
| | 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 on the Tuition/Fees schedule o | r at our website www.abc-stewart.org**** |
| Stewart Elementary School | (List Grade Entering:) 8:15am-3:15pm |
| | ol program, 7 a.m. to 6 p.m.): Please list the ve and depart: |
| | ned child for the school year noted above (as defined by the |
| | ust give TWO months' written notification of withdrawal date, if |
| | nonths' tuition is due. We understand final class placement is |
| made by the School. We have attached the We have read both sides of the Tuition and F | non-refundable \$75 application fee to validate the application. Fees Schedule carefully. |
| Date: Mothe | r/Guardian's Signature: |
| | /Guardian's Signature: |
| i diller | - Law Line - O Olympia Color |

Schools previously attended by child: Name Address Name Address Dates Other children in family: Age__ Name Age__ Name _____ 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)

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