

**2019 - 2020**

# *Parent Enrollment Checklist*

Abner Elementary

- Admissions Questionnaire
- Enrollment Application - Signed
- Tuition Agreement - Signed
- S.C. Certificate of Immunization - DHEC Form 1148
- Policy and Permission Form Signed
- Consent for School Directory Listing
- \$300.00 Annual Registration Fee

# ADMISSIONS QUESTIONNAIRE

Abner Montessori School respects each individual child. Our admission process is designed to help us find the right fit between school, student, and family. Please answer the following questions and feel free to give us any information that you feel would be helpful in getting to know your child.

Student's Name: \_\_\_\_\_

- Why have you chosen to transfer to Abner Montessori School?
  
  
  
  
  
  
  
  
  
  
- Which elementary school has your child attended? (type of school and years attended)
  
  
  
  
  
  
  
  
  
  
- What activities does your child enjoy outside of school? (i.e. – sports, hobbies, scouts, etc.)
  
  
  
  
  
  
  
  
  
  
- What do you hope your child will gain from a Montessori environment?
  
  
  
  
  
  
  
  
  
  
- Does your child have any special behavior needs ? If yes, please specify.

Have there been any unusual occurrences in your child's life? (death in the family, extended hospitalizations, moving, divorce, etc.) Nature and date.

- Describe your child's social relationships with adults and other children.
  
- Does your child have any special fears or worries? If so, please specify. How does he/she express concern?
  
- Does your child have any speech/hearing problems or learning differences or disabilities? If yes, please specify.
  
- If so, is he/she currently receiving therapy?
  
- Does your child have any special medical needs or allergies? If yes, please specify.
  
- Do you have any comments that you feel may add to our understanding of your child and his/her needs? (adoption, special family circumstances, etc.)

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## Enrollment Application

### **I. Child's Information**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_ SS#(Last 4 digits): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_

(Please attach special instructions)

### **II. Parent's Information**

#### **A. Mother/Guardian**

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

SS# (Last 4 digits): \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_

#### **B. Father/Guardian**

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

SS# (Last 4 digits): \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_

*Enrollment Application Continued*

Parent's Marital Status: Married  Single  Separated  Divorced  Widowed

If Divorced, who has legal custody: \_\_\_\_\_

List Members of Child's Household:	Relationship to Child:
_____	_____
_____	_____
_____	_____

**III. Emergency Contact Information (If parents cannot be reached)**

Name:	Work #:	Home #:	Cell #:
1. _____			
2. _____			
3. _____			

**Persons Authorized to Pick Up Child**

**Family Code Word:** \_\_\_\_\_

\* Family code word is used in emergency situations when parents can not contact the school to let us know someone different will pick up your child. If they give us the code word, we will know they are authorized to pick up your child.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Abner Montessori School Inc.

432 East Boundary Street

P.O. Box 158

Chapin, SC 29036

803-345-9428

[www.abnermontessori.com](http://www.abnermontessori.com)



## Abner Montessori Tuition Agreement 2019

### Abner Elementary

Enrollment commitment is for the full school year starting August 8, 2016 ending June 1, 2017. Please refer to the school calendar for a complete school schedule.

#### **Tuition Plans**

##### Elementary Class

\$ 7,800.00 School Year Tuition

\$ 780.00 Monthly Tuition

\$ 390.00 Bi-Monthly Tuition

\$ 300.00 Non-Refundable Deposit

Tuition covers meals and most field trips. We do not charge materials fees or any other hidden fees. A sibling discount of \$35 per month will be applied to the Abner tuition of any additional children within the same immediate family.

**MONTHLY** tuition payments are due by the 7th of each month; **BI-MONTHLY** tuition payments are due by the 7th and 20th of each month. A late fee of \$5.00 will be added for payments received after the close of business on the date your payment is due. Returned checks will be surcharged a \$30.00 bank processing fee. To reserve a place for your child a non-refundable \$300.00 deposit is due with the enrollment application. A separate Enrollment Contract signed by both parents / legal guardians is also required to complete the enrollment of a child.

*\* Note: After School care will be available from 3:30 - 6:15 pm through Sky After School for an additional \$25.00 per week for Abner Montessori students. This payment is made directly to Sky After School and is due in advance on Monday of the respective week at the morning drop off of a child.*



# Policy and Permission Form

## **Discipline Policy**

In keeping with the Montessori philosophy, the use of physical punishment is strictly prohibited. Discipline consists of positive reinforcement and conflict resolution as described in the Abner Montessori Parent Handbook. Aggressive behavior intended to harm others will not be tolerated and parents will be informed. The Director reserves the right to ask parents to withdraw students who refuse to respect the rights of other members of the Abner community.

### Confidentiality of Records

Children’s records are open only to the particular child’s teacher, the director(s) or director designee, authorized employees of the Department of Social Services, and the child’s parent or legal guardian.

## **Parents’ Permission**

### Playground/Activities Permission

I hereby grant permission for my child to use all of Abner Montessori School’s play equipment and participate in all activities of the school.

### Transportation Permission

I hereby grant permission for my child to leave the school premises under the supervision of teachers and chaperones for the purpose of educational field trips. I grant permission for my child to be transported to and from local field trips (within four miles of school) on the Abner Montessori/Chapin Children’s Center transportation.

### Medical Assistance Permission

I hereby grant permission for teachers, staff, or director to take whatever steps necessary to obtain emergency medical care if warranted. These steps include, but are not limited to:

- 1) Attempt to contact parent or guardian.
- 2) Attempt to contact child’s physician.
- 3) Attempt to contact parent or guardian through any persons listed in emergency information completed on Enrollment Application.
- 4) If unable to contact parent/guardian we may call another physician, call an ambulance, or transport the child to the hospital.
- 5) Any expenses incurred under #4 will be the responsibility of the child’s family.
- 6) Abner Montessori School will not assume any responsibility for anything that may happen if false information is given at any time.

### Media Permission

I hereby grant Abner Montessori School my permission to use my child’s image in any media pertaining to the school but not limited to newsletter, website images, bulletins and news articles.

***I have read and agree to the policies and procedures of Abner Montessori School.***

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<b>Child’s Name</b>	<b>Parent’s Name</b>	<b>Parent’s Signature</b>	<b>Date</b>
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Consent for Student Directory Listing

Abner Montessori School is creating a student directory for the students and families. The directory will be used by Abner families only and will include the information listed below for each enrolled student.

Please complete the bottom of this letter for us to use in compiling this information. Be sure to print your information the way you would like it to appear in the directory.

Thank you for your assistance in this matter.

■ Abner Montessori has my permission to display the following information in the student directory:

Student: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

■ Please do not include our family information in the Abner Student Directory.

Parent/Guardian Signature: \_\_\_\_\_