

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)



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2010-2011

# Parent Enrollment Checklist

*Primary Class*

- 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 Deposit for 2010-2011 School Year
- Statement of Child's Health - DSS Form 2900

# 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 apply to Abner Montessori School?
  
  
  
  
  
  
  
  
  
  
- What kind of care has your child received outside your home (day care, play groups, with grandparents, etc.)?
  
  
  
  
  
  
  
  
  
  
- What activities does your child enjoy outside of school? (i.e. – sports, hobbies, scouts, etc.)
  
  
  
  
  
  
  
  
  
  
- What previous school experience has your child had? (type of school and years attended)
  
  
  
  
  
  
  
  
  
  
- What do you hope your child will gain from a Montessori environment?
  
  
  
  
  
  
  
  
  
  
- Does your child have any special behavior problems? If yes, please specify.

- Have there been any unusual occurrences in your child's life? (death in the family, extended hospitalization, moving, divorce, etc.) Nature and date.
  
- Describe your child's social relationships with adults and other children.
  
- Is your child toilet trained? \_\_\_\_\_ Partially \_\_\_\_\_ Completely \_\_\_\_\_
  
- 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 receiving special help for this?
  
- Does your child have any special medical needs or allergies? \_\_\_\_\_ 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.)



## Enrollment Application

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### 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)

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### 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 #:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

**IV. What is your best estimate for how long you plan to remain at Abner Montessori School?**

(check all that apply)

- Early Childhood Program, 3-5 year olds (Includes Kindergarten year)
- Lower Elementary, 1-3 grade

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

Date \_\_\_\_\_

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2010-2011

Abner Montessori Tuition Agreement  
Primary Class

Enrollment commitment is for the full school year, starting August 9, 2010 ending June 3, 2011 (40 weeks).

**Tuition Plans**

\$5,800.00 School Year Tuition

\$ 580.00 Monthly Tuition

\$300.00 Non-Refundable Deposit to be applied towards December's tuition

Tuition covers all meals and field trips. We do not charge enrollment fees, materials fees, or any other hidden fees.

Monthly tuition payments are due in advance on the first school day of each month. A late fee of \$20.00 will be added for payments received after the close of business on the seventh day of month. Returned checks will be surcharged a \$20.00 bank processing fee. To reserve a place for your child a non-refundable \$300.00 commitment fee is due with the enrollment application. Please note that this fee will be deducted from your December's tuition.

\* Note: After school care will be available through Sky After School for \$15.00 a week. This is paid directly to Sky After School.

**Tuition Agreement**

I understand and agree to all terms of this financial agreement. I commit to enrolling my child,

\_\_\_\_\_, and I agree to pay tuition in 10 monthly payments on the first school day of each month.

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

\_\_\_\_\_  
Date



## 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 for the 2010-2011 school year.***

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**Child's Name**

**Parent's Name**

**Parent's Signature**

**Date**



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: \_\_\_\_\_

South Carolina Department of Social Services  
Child Care Regulatory Services

GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION  
TO CHILD CARE FACILITY

This form is to be completed for each child at the time of enrollment in the child care facility, updated annually thereafter, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: Abner Montessori School County: Lexington

Address: 432 East Boundary Street Chapin, SC 29036  
Street Address – no Post Office Boxes City, State, Zip

Child's Name: \_\_\_\_\_  
Last First Middle Initial Nick Name

Date of Birth: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Child's Current Home Address: \_\_\_\_\_  
Street Address City, State, Zip

Parent/Guardian's Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

\_\_\_\_\_  
Full Name Relationship

Address: \_\_\_\_\_  
Street Address City, State, Zip

Telephone Number(s): \_\_\_\_\_ Family Code Word(s): \_\_\_\_\_

2. Person responsible if parent/guardian unavailable for emergency medical services:

\_\_\_\_\_  
Full Name Relationship

Address: \_\_\_\_\_  
Street Address City, State, Zip

Telephone Number(s): \_\_\_\_\_ Family Code Word(s): \_\_\_\_\_

Is Child currently enrolled in school? (5K up to 6 years old)  Yes  No

My Child will regularly attend this facility FROM \_\_\_\_\_ am/pm TO \_\_\_\_\_ am/pm

If Child is a drop-in, indicate hours of care: FROM \_\_\_\_\_ am/pm TO \_\_\_\_\_ am/pm

Check all days Child will regularly attend this facility:  Mon  Tue  Wed  Thurs  Fri  Sat  Sun

Check all meals Child will receive daily:  Meals are not offered  Breakfast  Morning Snack  Lunch

Afternoon Snack  Dinner  Evening Snack

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City, State, Zip Telephone

Emergency Care Provider: \_\_\_\_\_  
Emergency Facility Name

\_\_\_\_\_  
Street Address City, State, Zip Telephone

Dental Care Provider: \_\_\_\_\_  
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: \_\_\_\_\_

Certificate of Immunization:  Yes  No  N/A Please explain: \_\_\_\_\_

**My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:**

\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that to the best of my knowledge \_\_\_\_\_  
Child's Name

is in good mental and physical health and able to participate in the child care program at

\_\_\_\_\_  
Name of Child Care Facility

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director/Operator/Staff Designee