



San Tan Montessori Private Preschool

2018-2019 Student Application

San Tan Montessori does not discriminate regarding color, race religion, national and ethnic origin, special needs, or language proficiency of students regarding policies, admission and school-administered programs.

☐ Returning Student ☐ New Student ☐ Half Day ☐ Full Day ☐ Toddler (1 ½ - 3 ½) ☐ Primary (3 - 6)

Student Last Name: _____ First Name: _____ Name Used: _____

Address: _____ City: _____ Zip: _____

Home Phone: (_____) _____ Age: _____ Birthdate: ____/____/____

☐ Male ☐ Female Place of Birth: (City) _____ (State) _____

☐ Caucasian ☐ African American ☐ Asian ☐ Am. Indian/Alaskan Native ☐ Hawaiian/Pacific Islander ☐ Hispanic

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Most correspondence/invoicing goes out by email. Please provide one or both:

Mother's Email Address: _____

Father's Email Address: _____

Student Lives With (check all that apply) - Please provide contact information if other than the student's Mother and Father:

☐ Both Parents ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Other _____ (relationship)

Name: _____ Cell Phone: _____

Parents are: ☐ Married ☐ Divorced ☐ Separated ☐ Mother Deceased ☐ Father Deceased

Are you living in temporary housing? (circle) Yes No If so, is this due to hardship? (circle) Yes No

☐ If you are splitting tuition/daycare payments with a second person, check here to have billing contact you.

I, the parent of _____, agree to **(please read and check each)**:

- ☐ Provide a lunch daily for my child.
- ☐ Provide transportation to and from school every day.
- ☐ Provide prompt and timely drop-off and pick-up of my child daily.
- ☐ Provide student pick-up within 30 minutes of illness or severe behavior notification.
- ☐ Give my permission to have photographs of my child published in articles and media viewed by the general public.

Mother's Signature

Father's Signature

Date

For Office Use Only:

☐ Registrar ☐ Email ☐ Roster ☐ Reg. Fee ☐ 1st Month Tuition

Date received: _____ Notes: _____ Siblings: _____

Date paid: _____ Payment received by: _____ ☐ Cash ☐ CC ☐ Check # _____

Program: Toddler Primary 3D 4D 5D HD FD LP Teacher: _____ Start Date: _____



San Tan Montessori Private Preschool Student Registration Packet Instructions

Student Name: _____ **Age:** _____ **DOB:** _____

Siblings? Name(s), Grade: _____

Registration for 2018-2019 School Year

Thank you for your interest in San Tan Montessori Private Preschool. As we begin to prepare for the next school year, this form will guide you through the important steps and dates to ensure that your child will be able to successfully register and secure your spot to San Tan Montessori Private Preschool.

Returning Students: The entire packet and all information must be returned to the front office by 4:00PM, **January 31, 2018**. We are updating all records; please turn in all items as requested.

Please be sure that the following items are filled out completely and returned to the front office along with the \$250.00 Registration fee due upon turning in the package.

- ☐ Student Application Form
- ☐ Enrollment Agreement
- ☐ Emergency Card
- ☐ Health Alert
- ☐ Signed acknowledgement of Handbook – to be read online
- ☐ Birth Certificate
- ☐ Immunization Record
- ☐ Varicella (Chickenpox) Form
- ☐ Credit Card Authorization Form
- ☐ Extended Care Form
- ☐ \$250.00 Registration Fee: ☐ Cash ☐ Check# _____ ☐ Credit Card
- ☐ 1st Month Tuition Bill on _____
- ☐ If transferring from a Montessori School – Progress report or records transfer if possible to see where student left off as far as lessons.



San Tan Montessori Private Preschool Enrollment Agreement - 2018-2019

Student Name: _____ Age: _____ DOB: ____/____/____

Enrollment Fee: \$250.00, due when paperwork is submitted. This fee is a non-refundable, non-transferable fee. Withdrawal at any time, for any reason, after the submission of the enrollment forms will result in the forfeit of the enrollment fee. The fee cannot be applied to the payment of any other fees. Program choice will be for the entire school year and cannot be changed at any time.

Ages: Toddler Program: 18 mo. -3 yrs. Primary Program: 3 yrs. – 5 yrs. (Must be potty trained.)

Program (Please check)	Year Cost	<input type="checkbox"/> 5 Days	<input type="checkbox"/> 4 Days	<input type="checkbox"/> 3 Days <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F (Must be three consecutive days)
Primary <input type="checkbox"/> AM 8:30-11:30	\$ 7,125.00	\$ 750.00	\$ 625.00	\$ 525.00
Primary <input type="checkbox"/> Full Day 8:30-3:30	\$ 8,700.00	\$ 915.00	\$ 725.00	\$ 675.00
Toddler <input type="checkbox"/> AM 8:30-11:30	\$ 7,600.00	\$ 800.00	\$ 675.00	\$ 600.00
Toddler <input type="checkbox"/> Full Day 8:30-3:30	\$ 9,275.00	\$ 975.00	\$ 800.00	\$ 725.00

Tuition Policy: San Tan Montessori has a 10-month academic year for all classes. Tuitions are based on the full year's fee which has been divided into 10 equal monthly payments for your convenience. Full tuition of 10 months can be paid upon the program start and will be given a 5% discount when paid in full. Payments are not considered "monthly" charges; they are the full year's tuition divided into a 10-month period. Payments are billed on the 1st of every month, beginning July 1st and ending April 1st. Tuition is due by the 11th of each month. We do give a 4 day grace period to pay, and on the 16th day all late payments will incur a non-refundable \$15.00 late fee. Payments not made by month end will cause a disruption in services. Tuition is not refunded or pro-rated due to absences caused by illness, vacations, holidays, withdrawal/dismissal, or otherwise. Multiple Students: Total tuition will be reduced at a rate of 10% if multiple students from the same families are enrolled in our preschool program.

Lunches are not provided by the school as part of any program, yet can be purchased in advance on our school lunch site or brought from home. The 11:30-12:30 lunch hour is not included in the half-day program. If your child is enrolled in the half-day program and would like to participate in the lunch hour, there is an additional cost of \$50.00 per month.

☐ **Yes, I want my child to participate in the lunch hour, additionally to the half-day program. I understand the cost is an additional \$50 per month.**

Nap Request: Afternoon naps are facilitated in each classroom daily from 12:15-2:15 pm. (please check one)

<input type="checkbox"/> Yes, I would like my child to nap daily	<input type="checkbox"/> No, I would not like my child to nap daily	<input type="checkbox"/> I would like my child to nap as needed
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Returned Checks: a \$25.00 fee will be charged on each returned check. Failure to Pay: All invoices will be given a 4-day grace period after the due date. Payments not received by the 15th day will incur a \$15 non-refundable late fee. Every 15 days thereafter of non-payment will incur an additional 5% fee of the original amount due. The Parent agrees to pay the aforementioned tuition and fees as specified, time being of the essence with respect thereto. In the event of non-payment of any funds due hereunder, San Tan Montessori reserves the right to cancel this agreement and to exclude the child from participation in the instruction, and unpaid amounts could result in being sent to a collection agency. In the event that it becomes necessary for San Tan Montessori to employ a collection agency and/or attorney for collection of any amounts due under this agreement, parent agrees to pay all the costs and expenses incurred by San Tan Montessori, whether or not litigation is initiated, including, but not limited to all postage fees, attorney fees, and court costs incurred by San Tan Montessori. Delinquent accounts will be sent to a company or lawyer employed by the school for collections management. If payment is still delinquent at the end of the second month the student's attendance will be suspended on the 1st day of the next month. Withdrawal: This agreement may be terminated by parent upon 60 day written notice to the school by the parent. Parents will be responsible for payment of tuitions and fees for sixty days following the office receiving the written notice of withdrawal. Parent agrees that withdrawal or dismissal of their child(ren) after the execution of this agreement, whether as a result of accident, transfer, relocation due to parent's occupation, financial difficulty, sickness, disciplinary action, disagreement with teaching style, school policies, or otherwise, does not relieve the parent of the responsibility of fulfilling the school's tuition policy. Dismissal by San Tan Montessori: The school reserves the right to discharge, at any time, any child, who, in the opinion of the Administration and their teacher is not benefiting from the instruction or whose behavior is detrimental to the program at the school. The recommendation and observations of the student's teacher are taken into consideration and withdrawal is not undertaken unless the school can see that it is in the best interest of the student, and/or the classroom. Tuition considerations are at the discretion of the administration to be determined at the time of dismissal. Disclosure: Parent has disclosed any pertinent information in writing to San Tan Montessori. Pertinent information includes any physical, mental, or emotional disabilities of the child or any other matter, which may affect the child's enrollment and/or participation in school. Parent signifies by signing this agreement that the child is physically capable of participating in all aspects of the Montessori program chosen.

Upon signing, I have read the Enrollment Agreement and agree to abide by the policies, both financial and otherwise.

Signature of Parent (Mother) or Guardian

Signature of Parent (Father) or Guardian

Date



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. ☐ yes ☐ no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Additional comments:	
Other special instructions:	

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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Student Handbook Acknowledgement

The student handbook can be found online at <http://www.santancharterschool.com/for-families/policies/>

Responsibilities of the School

- To provide an environment that is safe, clean, and attractive.
- To maintain the standard and licensing requirements by State, County and City Agencies.
- To provide an authentic Montessori program that is stimulating, developmentally appropriate, and the best possible.
- To provide trained teachers who are exceptional in their capacities for observing, guiding and caring, and who are pursuing excellence in their professions.
- To report to Child Protective Services suspected cases of child abuse and neglect.

Responsibilities of the Parents

- To bring and pick up child(ren) on time. To **ALWAYS** sign your child(ren) in and out with first and last name.
- To fulfill financial and legal obligations to the school promptly.
- To support both child and school by attending parent meetings and conferences, by keeping informed of policies of the school and goals for your child, by volunteering time, resources, effort, and talent where possible.
- Parents must treat the staff and their children with respect both verbally and physically.
- Clothes should be modest and conservative.
- Use a soft voice while inside the classroom.
- Refrain from using inappropriate language.
- If you have a conflict with a staff member, parent, or student, please take it to the Administrator immediately. Unsubstantiated gossip undermines the professionalism of the school.
- Parents must be sober and not under the influence of drugs or alcohol when on campus and picking up children. Smoking is not allowed on campus.
- Firearms and other weapons are not allowed on campus.

Responsibilities of the Child

- To construct the adult he/she will become.
- To respond to direction and correction.

By signing you are agreeing that you have read and will abide by the policies of San Tan Montessori Private Preschool Handbook.

Student Name: _____ **Age:** _____ **DOB:** ____/____/____

Signature of Parent (Mother) or Guardian

Signature of Parent (Father) or Guardian

Date

Documentation of Varicella (Chickenpox) Disease or Immunization

Student Name _____ DOB: ____/____/____

School Name _____ Grade _____

Has your child ever had chickenpox? (please circle one answer)

Yes	No	Don't Recall
(go to #1)	(go to #2)	(go to #1)

1. Please answer the following questions (please circle one answer):

- | | | | |
|---|--------------------------------|-----------|---------------------|
| a. Was your child in "face to face" contact with other children who had chickenpox? | Yes | No | Don't Recall |
| b. Did your child have a rash on his/her body? | Yes | No | Don't Recall |
| c. Did the rash "itch?" | Yes | No | Don't Recall |
| d. Were there blisters present? | Yes | No | Don't Recall |
| e. Did "scabs" appear toward the end of the rash? | Yes | No | Don't Recall |
| f. When did your child have chickenpox?
(approximate date) | ____/____
Month Year | | |

2. If your child has not had chickenpox, has he/she had the chickenpox (varicella) shot?

Yes	No	Don't Recall
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(please circle one answer)

If you circled **YES**, please take your child's immunization record to the school nurse so the date of the shot can be recorded in your child's health record.

If you circled **No or Don't Recall**, please take your child to their doctor or to the local health clinic to get the chickenpox shot, then take their immunization record to the school nurse so the date can be recorded in your child's health record.

Signature of Parent (Mother) or Guardian

Signature of Parent (Father) or Guardian

Date

Address: _____ Daytime Phone: _____



Payment by Credit Card Agreement



The following credit card is authorized to be on file at San Tan Montessori Preschool & San Tan Charter School. Automatic payment can be revoked at any time by notifying the finance department at 480-222-0811 ext 7.

The credit card on file will be used for all charges, including:

- Kindergarten & Preschool Tuition payments ran on the 11th of the month
- Extended care, ran on 11th of the month (always billed the month after service)
- Extra Lunches from the prior month (always billed the month after service)
- Any misc. invoices billed throughout the school year directly from the Finance Department.

The credit card on file is only on file at the finance office, and cannot be accessed from the front office for random purchases such as t-shirts, field trips or book deposits.

All invoices are billed out at least 10 days before a credit card on file is ran, and emailed to the card holder, giving the card holder the opportunity to cancel an automatic payment run and come in and pay by a different payment method. This form will remain on file until cancelled by you or expired.

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

VISA OR MASTERCARD ONLY

Credit Card # _____ - _____ - _____ - _____ Exp. Date _____

3 digit code on back of card _____ Daytime Phone _____

Card Holder Name (Printed) _____

Billing Address _____ Zip _____

I hereby authorize collection of payment for all charges as indicated above. I certify that I am the authorized holder and signer of the credit card reference above. I also certify that all information above is complete and accurate, and understand that it is my responsibility to update any new card information when received. If a credit card declines and is not updated, I understand that not updating information can result in a late payment fee.

Cardholder Signature _____ Date _____

Extended Care Programs

Student Last Name: _____ First Name: _____

DOB: _____ Age: _____ Grade: _____ Classroom: _____

The before and after care programs are designed to give children a fun and educational time to continue work with peers. It is an excellent time for children to have fun, learn something interesting, have a snack, use some energy, and have time to get schoolwork done.

<input type="checkbox"/> Before School Program	<input type="checkbox"/> After School Program 1 hr	<input type="checkbox"/> After School Program 2 hr	<input type="checkbox"/> Full Day Extended Program
7:20 – 8:20 AM \$150/month or \$15/day**	3:40 – 4:40 PM \$150/month or \$15/day**	3:40 – 5:40 PM \$250/month or \$20/day**	7:20 – 5:30 PM \$350/month or \$35/day**

Approximate Drop-Off Time: _____

Approximate Pick-Up Time: _____

I would like my child to go directly from the classroom to the After School Program on: **(Please check)**

<input type="checkbox"/> Every Day	<input type="checkbox"/> Mondays	<input type="checkbox"/> Tuesdays	<input type="checkbox"/> Wednesdays	<input type="checkbox"/> Thursdays	<input type="checkbox"/> Fridays	<input type="checkbox"/> As Needed
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Other, please explain:

Start Date: _____

- We encourage you to bring your child's breakfast to eat in the before school program
- Each after school family is expected to bring a group snack once a month

All children who have not been picked up by 3:40 will go to the after school program. Please give us at least a 24-hour notice if you would like your child to go directly to the extended school program from the classroom so they don't have to wait outside on a day they are not scheduled for.

- **Tuition Payments:** **You will be charged the daily rate on the first six (6) uses of any extended school program in a month. On the seventh (7th) usage of any extended school program, you will be charged the full monthly rate listed above. The extended school program is billed from Sept 1st to June 1st. Billing is sent by email on the 1st of the month after services are rendered, due on the 11th of the month.
- **Multiple siblings** in the Extended School programs will receive a 10% deduction in tuition
- **Preschool students** enrolled in a 5 day/full day program as well as monthly Full Day Extended School, the extended school programs will be reduced by 50% (from \$350 per month to \$175). This is only valid when the student is 5-day full day preschool and using Full Day Extended Program more than 6 days per month.
- **Late Pick-Up Fee:** San Tan Montessori is open from 7:20 am - 5:40 pm. Beginning at 5:41 pm, \$1.00 per minute for each additional minute is billed until your child is picked up.

Upon signing, I have read the Enrollment Agreement and agree to abide by the policies, both financial and otherwise.

Signature of Parent (Mother) or Guardian

Signature of Parent (Father) or Guardian

Date