



# SAN TAN MONTESSORI PRIVATE PRESCHOOL

## 2024-25 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.*

Infinite Campus Application #: \_\_\_\_\_

**Program** \*Toddler must be eating independently and walking stably \*\*Primary must be potty trained

- Toddler\* (1 yr – 3 yr)
- Primary\*\* (3 yr – 6 yr)

**Daily Schedule**

- Half Day
- Full Day

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name Used: \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Student primarily lives with  Both Parents  Mother  Father  Stepmother  Stepfather  Other \_\_\_\_\_

Are you living in temporary housing? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, is this due to hardship? Yes \_\_\_\_\_ No \_\_\_\_\_

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

The following individual(s) may NOT remove my child from the facility.

- None \_\_\_\_\_

*Custody/Legal papers must be provided and on file at the school.*

I, the parent/guardian of \_\_\_\_\_, agree to **(please read and check each)**:

**General:**

- Provide a lunch daily for my child, if enrolled in Full Day program or Lunch program.
- Provide transportation to and from school every day.
- Provide prompt and timely drop-off and pick-up of my child daily. If my student is not picked up at 3:00pm dismissal they will be signed into the after care program and usage charges will incur. See Before and After Care Program for Details.
- Provide student pick-up within 30 minutes of illness or severe behavior notification.

**Photo Release:** I give my permission to have photographs of my child in

- Internal: May include the school yearbook, private Facebook pages, newsletters.
- External: Print/online media viewable by the general public.

**Payments:**

- I agree to pay the non-refundable \$250 Registration Fee.  [Pay Online](#)  Pay in Person
- I agree to pay the \$300 Program Activity Fee.  [Pay Online](#)  Pay in Person

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date

**For Office Use Only:**

- Registrar  Email  Roster  Reg. Fee  Activity Fee  1st Month Tuition

Date received: \_\_\_\_\_ Notes: \_\_\_\_\_ Siblings: \_\_\_\_\_

Date paid: \_\_\_\_\_ Payment received by: \_\_\_\_\_  Online  Cash  CC  Check # \_\_\_\_\_

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



## San Tan Montessori Private Preschool Enrollment Agreement - 2024-2025

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Annual 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 unless a new agreement is signed.

**Toddler Program\*: 1 yr. - 3 yrs.**

**Primary Program\*\*: 3 yrs. – 6 yrs.**

\*Must be eating independently and walking stably

\*\*Must be potty trained

Program (Please check)	Yearly 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
Toddler <input type="checkbox"/> AM 8:00-12:00	\$9,500.00	\$1,000.00	\$900.00	\$800.00
Toddler <input type="checkbox"/> Full Day 8:00-3:00	\$10,925.00	\$1,150.00	\$1,000.00	\$900.00
Primary <input type="checkbox"/> AM 8:00-12:00	\$9,025.00	\$950.00	\$850.00	\$750.00
Primary <input type="checkbox"/> Full Day 8:00-3:00	\$10,450.00	\$1,100.00	\$925.00	\$850.00

Tuition Policy: San Tan Montessori, LLC. 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 around the 10th of each month. We do give a 4 day grace period to pay, and on the 16<sup>th</sup> day all late payments will incur a non-refundable 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 12:00-1:00 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 \$100.00 per month.

**Yes, I want my child to participate in the lunch hour, in addition to the half-day program. I understand the cost is an additional \$100 per month.**

**Nap Request:** Afternoon naps are facilitated daily. (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
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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 16th day will incur a 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, LLC. 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, LLC. 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, LLC., whether or not litigation is initiated, including, but not limited to all postage fees, attorney fees, and court costs incurred by San Tan Montessori, LLC. 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, LLC.: 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, LLC. 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



# SAN TAN MONTESSORI PRIVATE PRESCHOOL HANDBOOK ACKNOWLEDGEMENT

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

The preschool handbook can be found online at <https://preschool.santancharterschool.com/policies/>

## Responsibilities of the School

- To engage in a partnership in collaboration and communication on behalf of the student.
- 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 a Montessori program that is developmentally and age appropriate.
- 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 engage in a partnership in collaboration and communication on behalf of your child.
- To bring and pick up child on time. To **ALWAYS** sign your child 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 school activities and conferences.
- Stay informed of policies of the school and goals for your child.
- Mutual respect of the staff, children, and families is expected.
- If you have a conflict with a staff member, parent, or student, please take it to the Administrator immediately.

## Responsibilities of the Child

- To be actively engaged in the classroom in a safe and constructive manner.
- To listen and respond to direction, redirection and correction.
- Exercise school appropriate behavior.
- Treat classroom materials with gentleness and respect.

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

\_\_\_\_\_  
Signature of Parent (Mother) or Guardian

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (Father) or Guardian

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date



CDC/SGH# or name: \_\_\_\_\_

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

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

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

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

**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.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

If Medical care is necessary, call:

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

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

<b>Name(s):</b>
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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](http://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**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>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.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

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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**BEFORE & AFTER CARE PROGRAMS**  
 PROVIDED BY SAN TAN MONTESSORI, LLC

All students (PreK – 12) who have not been picked up at their designated dismissal time from class/clubs/sports will be signed into the after school program and will be charged accordingly. An authorized adult, 18 years or older, must sign the student out.

Student First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher (if known): \_\_\_\_\_

The before and after care programs are designed to give parents the peace of mind and convenience knowing their children are receiving continuity of care between the hours of 7:00 AM and 5:45 PM. Students enjoy a family like atmosphere designed to students age and interest with activities planned for inside and outside.

Before School Program (AM)	After School Program (PM-1)	After School Program (PM-2)	Full Day Extended Program (PM-3)
7:00 – 8:00 AM \$200/month or \$20/day**	3:00 – 4:30 PM \$200/month or \$20/day**	3:00 – 5:45 PM \$285/month or \$28/day**	7:00 – 8:00 AM & 3:00 – 5:45 PM \$385/month or \$38/day**

I would like my child to join the after care program following dismissal on these days:

Monday	Tuesday	Wednesday	Thursday	Friday
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Notes: \_\_\_\_\_

The primary people picking up my child are:

Full Name (Parent/Guardian)	Phone Number	Email Address

**In case of an emergency**, the following people are authorized to pick up my child from the after care program:

Minimum of 2	Full Name	Phone Number	Relationship
1. required			
2. required			
3. optional			
4. optional			

Health Information Please provide any medical or allergy information for your child.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**BEFORE & AFTER CARE PROGRAM**  
PROVIDED BY SAN TAN MONTESSORI, LLC

Student First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

10% Discount provided to families with siblings also using the program and military families. (Check below)

Provide Siblings Name and Grade

Military Family

Sibling Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

- **Tuition Payments** \*\*You will be charged the daily rate on the first nine (9) uses of any extended school program in a month. On the tenth (10th) usage of any extended school program, you will be charged the full monthly rate listed above. Billing is sent by email on the 5<sup>th</sup> of the month after services are rendered, the card on file will be charged on the 15<sup>th</sup> of the month.
- **Multiple siblings** in the Before and After Care 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 \$385 per month to \$192.50). *This is only valid when the student is 5-day full day preschool and using Full Day Extended Program more than 9 days per month.*
- **Late Pick-Up Fee** San Tan’s Before and After Care program is open from 7:00 am - 5:45 pm. Beginning at 5:46 pm, \$5.00 per minute for each additional minute is billed until your child is picked up.
- **Failure to Pay:** *Payments not received by the 15<sup>th</sup> 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, LLC. 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, LLC. 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, LLC., whether or not litigation is initiated, including, but not limited to all postage fees, attorney fees, and court costs incurred by San Tan Montessori, LLC. 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 use of the program may be suspended.

I acknowledge that an authorized person, 18 years or older, is required to sign my student out of the after care program after each use. 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

<b>For Office Use Only:</b>			
<input type="checkbox"/> RECEIVED BY PRESCHOOL	<input type="checkbox"/> PROGRAM CHOSEN _____	<input type="checkbox"/> 10% SIBLING/MILITARY DISC	
Date & Initials of Received _____	Start Date _____	Year Entering <b>2024-2025</b>	
<input type="checkbox"/> AUTHORIZED PEOPLE	<input type="checkbox"/> HEALTH INFO	<input type="checkbox"/> PAYMENT INFO	<input type="checkbox"/> SIGN IN/OUT SHEET <input type="checkbox"/> STAFF ROSTER <input type="checkbox"/> HEALTH ROSTER



### Payment by Credit Card Agreement

The following credit card is authorized to be on file at San Tan Charter School and San Tan Montessori Private Preschool.

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

- Preschool Tuition payments processed on the 11<sup>th</sup> of the month
- Kindergarten Tuition is invoiced the 3rd Thursday of the month and payments processed on the 3rd Friday of the month
- Before and After Care, processed on the 15<sup>th</sup> day of the month (always billed the month after service)
- Extra Lunches from the prior month (always billed the following month)
- Upon parent request, cards on file may be used to pay other invoices throughout the school year.

***Invoices are emailed at least 10 days before a credit card on file is processed. Transaction receipts are emailed to the card holder. Upon receiving an invoice, the card holder has the opportunity to cancel an automatic payment and pay with an alternative method.***

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 \_\_\_\_\_

Email Address \_\_\_\_\_

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 \_\_\_\_\_



# 2024-2025 Calendar - San Tan Montessori

## July 2024

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	● 29	30	31			

## August 2024

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

## September 2024

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

## October 2024

S	M	T	W	T	F	S
			1	2	3	4
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

## November 2024

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

as of 6/11/2024

Pre School

## CALENDAR 2024 - 2025

● First Day of Session

□ All Staff Inservice

H Holiday / No School

○ Conference Days

◇ Last Day of School

★ First Day of Summer  
Session

▧ 1/2 day

■ Prof Dev Day / No School

## February 2025

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

## March 2025

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

## April 2025

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

## December 2024

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

## May 2025

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

## January 2025

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

## June 2025

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					