

SAN TAN MONTESSORI PRIVATE PRESCHOOL

2025-26 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.

Program ☐ Toddler Launch Pad (1ye	r) 🗆 Toddler (1 yr – 3 y	/r) □ Primary (Paily Schedule Half Day Full Day	
Student Last Name:	Fiı	rst Name:	Name U	sed:	
Mother/Guardian		Email		Phone	
Father/Guardian		Email		Phone	
Student primarily lives with	າ □ Both Parents □ Mo	ther 🗆 Father 🗆 (Other		
Are you living in temporary	y housing? Yes	No If so,	s this due to hards	hip? Yes No_	
☐ If you are splitting tuition	n payments with a seco	and person, chec	k here to have billi	ng contact you.	
The following individual(s) □ None	may NOT remove my ch		•		
	ers must be provided and				
I, the parent/guardian of			, agree to (plea s	se read and check each):
they will be signed in Details. □ Provide student pick Photo Release: I give n □ Internal: May include □ External: Print/online Payments: □ I agree to pay the no		am and usage change illness or sever ohotographs of n private Facebook e general public.	arges will incur. See e behavior notifica ny child in k pages, newslette		•
Mother/Guardian Signature	Fa	ther/Guardian Sig	nature	Date	
For Office Use Only:	□ Registrar □ Email □	 Roster □ Reg. Fee	Activity Fee 🗆 1	st Month Tuition	
Date received:	Notes:			Siblings:	
Date paid:	Payment received by:	:	□ Cash	□ CC □ Check #	
Program: Launchpad Toddler	Primary 3D 4D 5D H	ID FD LP Tea	acher:	Start Date:	



San Tan Montessori Private Preschool Enrollment Agreement - 2025-2026

SAN TAN MONTESSORI PEOPLE + PROCESS + POSSIBILITIES Stude	nt Name:		Age: _	DOB:	
Annual Enrollment Fee: \$250.00, due when any reason, after the submission of the enro other fees. Program choice will be for the en	ollment forms will result in Intire school year unless a	in the forfeit of the new agreement is	enrollment fee. The signed.	fee cannot be applied	
oddler Launch Pad Program: 1yr Todd	ller Program: 1 yr 3 yr	s. Primary Pro	ogram: 3 yrs. – 5 yrs	i.	
Program (Please check)	Yearly Cost	☐ 5 Days	☐ 4 Days	□ 3 Days □M □T	□W □Th □F
Toddler Launch Pad ☐ AM 8:00-12:00	\$11,800.00	\$1,200.00	\$1,080.00	·	00.00
Toddler Launch Pad ☐ Full Day 8:00-3:15	\$13,050.00	\$1,450.00	\$1,275.00	\$1,1	75.00
Toddler ☐ AM 8:00-12:00	\$9,600.00	\$1,065.00	\$950.00	\$85	50.00
Toddler ☐ Full Day 8:00-3:15	\$11,025.00	\$1,225.00	\$1,050.00	\$95	50.00
Primary ☐ AM 8:00-12:00	\$9,500.00	\$1,000.00	\$875.00	\$77	75.00
Primary	\$10,750.00	\$1,150.00	\$985.00	\$90	00.00
every month, beginning July 1st and ending 16th day all late payments will incur a non-refunded or pro-rated due to absences cause reduced at a rate of 10% if multiple student Lunches are not provided by the school as public enrolled in the half-day program and month. Yes, I want my child to participate in an enrolled in the half-day program and month.	efundable late fee. Payn sed by illness, vacations, as from the same familie part of any program, yet d would like to participat	nents not made by holidays, withdraw s are enrolled in ou can be purchased in te in an extended ha	month end will caus val/dismissal, or oth or preschool progran n advance on our sc alf day from 12pm-:	se a disruption in servinerwise. Multiple Stud m. hool lunch site or broat 1pm, there is an addit	vices. Tuition is not dents: Total tuition will ught from home. If yo
Nap Request: Afternoon naps are facilitated					
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 cos 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,					
Upon signing, I have read the Enrollme	nt Agreement and agr	ee to abide by the	e policies, both find	ancial and otherwis	ie.
Signature of Parent (Mother) or Guardia	n Signature	of Parent (Father	r) or Guardian	Date	



Signature of Parent (Mother) or Guardian

SAN TAN MONTESSORI PRIVATE PRESCHOOL PROGRAM ACTIVITY FEE

Student Name:	DOB:	_Age:
San Tan Montessori Private Preschool brings in programs which alignision. The Music Together™ program, Carter's Farm and our Outdoextensions and multi-sensorial experiences inside and outside of the	oor Environment experienc	
Program Annual Fee: \$350 due at Registration		
Music Together™ At San Tan Montessori, we proudly bring the Music Together® In So acclaimed music and movement curriculum inspires children to devand growth.		•
 Supports Development: Singing, dancing, and instrument growth. Family Connection: Receive a family songbook and access enjoy it at home. Plus, join us for two family celebrations of Award-Winning Curriculum: Decades of research ensure a styles. Global Impact: Trusted by schools and families in over 2,0 learning and a love for music. 	the Music Together® app each year to experience th a high-quality program fea	to download your child's music and ne magic of music-making together. turing songs from diverse genres and
Carter's Farm Visits Twice a month, Carter's Farm brings the wonders of the animal kin	ngdom directly to our pres	chool. These visits allow children to:
 Experience Animals Up Close: Each visit features a differe chickens, and more! Engage in Hands-On Learning: Through safe, guided intera about their behaviors, habitats, and care. Build Empathy and Respect: Interacting with animals nurt Explore New Themes: Each visit introduces fresh, age-app excitement. These magical visits bring lessons to life, offering your child a unique the natural world. 	actions, children pet, feed, cures kindness, patience, a propriate educational conto	, and observe animals while learning and a sense of responsibility. ent, fostering ongoing curiosity and
Outdoor Environment We have thoughtfully designed our outdoor space extend the Mon Hands-on Learning: Children engage with natural material principles. Gross Motor Development: Activities like climbing, balance Exploration and Curiosity: Open spaces and nature-inspire Peaceful Reflection: Quiet corners for observation and referenvironment. Our outdoor environment is not just a playground—it's a living class building life skills.	ls, gardens, and sensory excing, and gardening encour ed tools ignite curiosity an flection help children conn	rage physical growth and coordination. d foster independence. nect with themselves and the

Signature of Parent (Father) or Guardian

Date



Signature of Parent (Father) or Guardian

SAN TAN MONTESSORI PRIVATE PRESCHOOL HANDBOOK ACKNOWLEDGEMENT

Date

Student Name:	Age:	DOB:	
The preschool handbook can be found online at https://	/preschool.santancharterscl	hool.com/poli	cies/
Responsibilities of the School			
 To engage in a partnership in collaboration and To provide an environment that is safe, clean, a To maintain the standard and licensing requirer To provide a Montessori program that is dev To provide trained teachers who are exceptional pursuing excellence in their professions. To report to Child Protective Services suspected 	and attractive. The sy State, County and County and County and County and age appropriate in their capacities for obse	City Agencies. Opriate. rving, guiding a	and caring, and who are
Responsibilities of the Parents			
 To engage in a partnership in collaboration and To bring and pick up child on time. To ALWAYS To keep child home if showing signs of illness ar To fulfill financial and legal obligations to the sc To support both child and school by attending s Stay informed of policies of the school and goa Mutual respect of the staff, children, and familie If you have a conflict with a staff member, pare 	sign your child in and out wind inform school of illness. hool promptly. school activities and confereals for your child. es is expected.	ith first and las	
Responsibilities of the Child			
 To be actively engaged in the classroom in a saf To listen and respond to direction, redirection a Exercise school appropriate behavior. Treat classroom materials with gentleness and 	and correction.		
By signing you are agreeing that you have read and wil	ll abide by the policies of Sa	n Tan Montes	sori Private Preschool
Handbook.			
Signature of Parent (Mother) or Guardian Email Ad	dress		ate

Email Address



CDC/SGH# or name:	
CDC/SCIP# OF Harrie.	

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

Child's Name:		rolled:	Updated:	
Home Address (#, Street, City, State, Zip	Code):		Date Disenrolled:	
Home Phone:		Birth:	Sex: male 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, Cit	ty, State, Zip Code):		
Cell Phone (optional):	Contact Telephone Number:			
I authorize the following individuals to c (Pursuant to R9-5-304.B, at least two cor Name:				
Name:		Contact Teleph	Contact Telephone Number:	
Name:		Contact Telepho	Contact Telephone Number:	
Name:		Contact Telepho	Contact Telephone Number:	
If Medical care is necessary, call:				
Health Care Provider*		Contact Teleph	one Number:	
*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:				
1 request that this murridual be cancu mist.				
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:

	1 1:	. 1	1 1	
Copy of current official documented immunization record attached				
Religious Beliefs exemption form signed by parent/guardian attached				
Medical Exemption form signed by physician and parent/guardian attached				
Signed Laboratory Proc				
Notification of immunizations needed sent to I	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 mo /day/ yr			mo /day /yr	
Medical Information				
Is child allergic to food or other substances If yes, describe symptoms, name foods or substance		cedure to follow i	f reaction occurs	No Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? No Yes If yes, list precautions:				
Is child subject to convulsions and what should be our procedure if one occurs? No Yes				
If yes, specify procedure:				
Is there any physical condition that we should be aware of and what precautions should No Yes be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? If yes, list precautions:				
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:	







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 11th 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 15th 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:	Consider.
Child's Name:	
Child's Name:	
Child's Name:	Grade:
VISA OR MASTERCARD ONLY	
Credit Card #	Exp. Date
3 digit code on back of card Dayt	ime Phone
Card Holder Name (Printed)	
Billing Address	Zip
Email Address	
credit card reference above. I also certify that all information a	dicated above. I certify that I am the authorized holder and signer of the above is complete and accurate, and understand that it is my responsibility redit card declines and is not updated, I understand that not updating
Cardholder Signature	Date

2025-2026 Calendar - San Tan Montessori

July 2025

S M T W T F S

1 2 3 5 8 9 10 11 12 15 16 17 18 19 13 14 21 22 23 24 25 26 20 27 -28 29 30 31

August 2025

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

September 2025

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

as of 1/9/2025

Pre School

CALENDAR 2025 - 2026

- 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 2026

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March 2026

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April 2026

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October 2025

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November 2025

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December 2025

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January 2026

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May 2026

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June 2026

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