



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.

<input type="checkbox"/> Before School Program (AM)	<input type="checkbox"/> After School Program (PM-1)	<input type="checkbox"/> After School Program (PM-2)	<input type="checkbox"/> Full Day Extended Program (PM-3)
7:00 – 8:00 AM \$200/month or \$20/day**	3:15 – 4:30 PM \$200/month or \$20/day**	3:15 – 5:45 PM \$285/month or \$28/day**	7:00 – 8:00 AM & 3:15 – 5:45 PM \$385/month or \$38/day**

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

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
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Notes: _____

Primary Pickup Person(s) - Legal Guardian(s):

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.



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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 the beginning of the month after services are rendered, the card on file will be charged around the 10th 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 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, 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

For Office Use Only: ☐ RECEIVED BY PRESCHOOL ☐ PROGRAM CHOSEN _____ ☐ 10% SIBLING/MILITARY DISC

Date & Initials of Received _____ Start Date _____ Year Entering **2026-2027**

☐ AUTHORIZED PEOPLE ☐ HEALTH INFO ☐ PAYMENT INFO ☐ SIGN IN/OUT SHEET ☐ STAFF ROSTER ☐ 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 around the 10th 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 around the 10th day of the month (always billed the month after service)
- Upon parent request, cards on file may be used to pay other invoices throughout the school year.

Invoices are emailed prior to a credit card on file being processed. 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 _____