



SAN TAN MONTESSORI PRIVATE PRESCHOOL

2026-27 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 (1yr) Toddler (1 yr – 3 yr) Primary (3 yr – 5 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 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.
- 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 3:15pm 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.
- I agree to pay the non-refundable \$400 Program Activity Fee.

Mother/Guardian Signature

Father/Guardian Signature

Date

For Office Use Only:		<input type="checkbox"/> Registrar	<input type="checkbox"/> Email	<input type="checkbox"/> Roster	<input type="checkbox"/> Reg. Fee	<input type="checkbox"/> Activity Fee	<input type="checkbox"/> 1st Month Tuition
Date received: _____	Notes: _____	Siblings: _____					
Date paid: _____	Payment received by: _____		<input type="checkbox"/> Cash	<input type="checkbox"/> CC	<input type="checkbox"/> Check # _____		
Program: Launchpad	Toddler	Primary	3D	4D	5D	HD	FD
LP	Teacher: _____		Start Date: _____				



San Tan Montessori Private Preschool Enrollment Agreement - 2026-2027

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 Launch Pad Program: 1yr Toddler Program: 1 yr. - 3 yrs. Primary Program: 3 yrs. – 5 yrs.

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 Launch Pad <input type="checkbox"/> AM 8:00-12:00	\$11,875.00	\$1,250.00	\$1,125.00	\$1,050.00
Toddler Launch Pad <input type="checkbox"/> Full Day 8:00-3:15	\$14,250.00	\$1,500.00	\$1,325.00	\$1,225.00
Toddler <input type="checkbox"/> AM 8:00-12:00	\$10,450.00	\$1,100.00	\$1,000.00	\$900.00
Toddler <input type="checkbox"/> Full Day 8:00-3:15	\$12,100.00	\$1,275.00	\$1,100.00	\$1,000.00
Primary <input type="checkbox"/> AM 8:00-12:00	\$9,975.00	\$1,050.00	\$925.00	\$825.00
Primary <input type="checkbox"/> Full Day 8:00-3:15	\$11,400.00	\$1,200.00	\$1,025.00	\$950.00

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 16th 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. If your child is enrolled in the half-day program and would like to participate in an extended half day, there is an additional cost of \$200.00 per month.

Yes, I want my child to participate in an extended half day (available for Primary only). I understand the cost is an additional \$200 per month.

Nap Request: Afternoon naps are facilitated daily. (please check one) – All Toddler programs include nap, it is optional for the primary program.

<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 PROGRAM ACTIVITY FEES

Student Name: _____ DOB: _____ Age: _____

San Tan Montessori Private Preschool brings in programs which align with Dr. Maria Montessori's philosophy and vision. The Music Together™ program and our Outdoor Environment experiences provide learning extensions and multi-sensorial experiences inside and outside of the classroom.

Program Annual Fee: \$400 due at Registration. This fee is a non-refundable, non-transferable fee. Withdrawal at any time, for any reason, after the submission of the fee will result in the forfeit of the fee.

Music Together™

At San Tan Montessori, we proudly bring the Music Together® In School program to your child's classroom. This internationally acclaimed music and movement curriculum inspires children to develop their natural musicality while supporting overall learning and growth.

- **Supports Development:** Singing, dancing, and instrument play enhance language, motor skills, and social-emotional growth.
- **Family Connection:** Receive a family songbook and access the Music Together® app to download your child's music and enjoy it at home. Plus, join us for two family celebrations each year to experience the magic of music-making together.
- **Award-Winning Curriculum:** Decades of research ensure a high-quality program featuring songs from diverse genres and styles.
- **Global Impact:** Trusted by schools and families in over 2,000 communities worldwide, Music Together® nurtures lifelong learning and a love for music.

Carter's Farm Visits

Twice a month, Carter's Farm brings the wonders of the animal kingdom directly to our preschool. These visits allow children to:

- **Experience Animals Up Close:** Each visit features a different type of animal, from fluffy bunnies to gentle goats, friendly chickens, and more!
- **Engage in Hands-On Learning:** Through safe, guided interactions, children pet, feed, and observe animals while learning about their behaviors, habitats, and care.
- **Build Empathy and Respect:** Interacting with animals nurtures kindness, patience, and a sense of responsibility.
- **Explore New Themes:** Each visit introduces fresh, age-appropriate educational content, fostering ongoing curiosity and excitement.

These magical visits bring lessons to life, offering your child a unique opportunity to develop a love for animals and a connection to the natural world.

Outdoor Environment

We have thoughtfully designed our outdoor space extend the Montessori classroom into nature, offering:

- **Hands-on Learning:** Children engage with natural materials, gardens, and sensory experiences that align with Montessori principles.
- **Gross Motor Development:** Activities like climbing, balancing, and gardening encourage physical growth and coordination.
- **Exploration and Curiosity:** Open spaces and nature-inspired tools ignite curiosity and foster independence.
- **Peaceful Reflection:** Quiet corners for observation and reflection help children connect with themselves and the environment.

Our outdoor environment is not just a playground—it's a living classroom where your child can explore the beauty of nature while building life skills.

Signature of Parent (Mother) or Guardian Signature of Parent (Father) or Guardian

Date

For Office Use Only:

Year Entering **2026-2027**

Date Paid: _____ Received by: _____ Cash Check # _____ Credit Card



SAN TAN MONTESSORI PRIVATE PRESCHOOL HANDBOOK ACKNOWLEDGEMENT

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

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

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 keep child home if showing signs of illness and inform school of illness.
- 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**

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.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

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

<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.

<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.



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 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:		
<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 2026-2027
<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 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 _____

2026-2027 Calendar - San Tan Montessori Pre School

July 2026

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 2026

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 2026

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 2026

S	M	T	W	T	F	S
						1 (2)
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

November 2026

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 11/4/2025

Pre School

CALENDAR

2026 - 2027

△ Parent Meeting/
Open House

● 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 2027

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 2027

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 2027

S	M	T	W	T	F	S
					1	2
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 2026

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 2027

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 2027

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 2027

S	M	T	W	T	F	S
		★	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			