



## San Tan Learning Center Student Registration Packet Instructions

Student Name \_\_\_\_\_

### Registration for 2013-2014 school years.

Thank you for your interest in San Tan Learning Center. 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 attend San Tan Learning Center.

First and foremost are the dates. If we do not receive this packet back with all the items identified, your child will not have a guaranteed seat for the upcoming 2013-2014 school year.

The entire packet and all information must be returned to the front office by **4:00 p.m. on January 31, 2013** in order to guarantee your child's seat for next year. Any packet received after this will be placed into the open enrollment lottery. Please be sure that the following items are filled out completely and returned to the front office along with the \$50.00 consumables fee for grades K-5 and/or the \$200.00 consumables fee for grades 6-8.

A series of workbooks, materials, and support resources, also known as **consumables**, are available at a cost of \$50.00 for grades K-5 and \$200.00 for grades 6-8. We encourage students to utilize these workbooks, materials, and support resources in class and at home, truly making them their own. San Tan Learning Center thus considers paperbacks to be "consumables" and asks families to acquire these materials. (Students will also be charged a \$5 return fee by the reception desk to return assigned textbooks found by staff on the campus. If the cost of the paperbacks is a hardship for a family, and they would like San Tan Learning Center (as a public school) to provide a similar format at no cost, they may contact the school office at (480) 222-0811.

- ☐ Student Application Form
- ☐ Full Day Kindergarten Tuition Agreement (if applicable)
- ☐ Student/Parent Handbook Compact
- ☐ Residency Verification
- ☐ Emergency Card \_\_\_\_\_ Health Alert
- ☐ Immunization Record
- ☐ Directory Form
- ☐ Birth Certificate (Copy)
- ☐ Varicella (Chickenpox) Form
- ☐ Credit Card Authorization (optional)
- ☐ Release for Student Records (if applicable)
- ☐ \$200.00 Full Day Kindergarten Registration Fee: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card
- ☐ \$50.00 Grades Half Day K-5 Consumables Fee: \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Credit Card
- ☐ \$200.00 Grades 6-8 Consumables Fee: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card



**SANTAN LEARNING CENTER**  
**STUDENT APPLICATION**

☐ Returning Student    ☐ New Student

Grade Entering: \_\_\_\_\_ ☐ Mainstream    ☐ Gifted\*

*San Tan Learning Center 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.*

**STUDENT BIOGRAPHICAL INFORMATION**

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

Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Male ☐ Female

Place of Birth: City \_\_\_\_\_, State \_\_\_\_\_

Ethnicity: ☐ Asian ☐ African American ☐ Hispanic ☐ Indian ☐ Caucasian ☐ Other: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

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

Does your child currently have a 504 or IEP plan? (circle) Yes No

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c)  
Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student?

2. What is the language most often spoken by the student? \_\_\_\_\_

3. What is the language that the student first acquired? \_\_\_\_\_

I, the parent of \_\_\_\_\_, agree to:

- ☐ 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 \_\_\_\_\_

**\*Applications for STLC's Gifted School must include a copy of the child's most recent gifted testing scores.\***

**For Office Use Only:** ☐ FRONT OFFICE    ☐ ACCOUNTING    ☐ REGISTRAR

Date App. Rec'd: \_\_\_\_\_ Yr. Entering: \_\_\_\_\_ Teacher: \_\_\_\_\_

Start Date: \_\_\_\_\_

Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Credit Card \_\_\_\_\_



## Payment by Credit Card Agreement

**SAN TAN**  
**Montessori**

The following credit card is authorized to be on file at San Tan Montessori Preschool & San Tan Learning Center. 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 11<sup>th</sup> of the month
- Extended care, ran on 11<sup>th</sup> of the month (always billed the month after service)
- Missing or Damaged books from the library or SRC books (billed twice a year)
- 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 consumables.**

*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: \_\_\_\_\_



## Full Day Kindergarten Enrollment Agreement 2013-2014

CHILD'S NAME: \_\_\_\_\_

**Registration Fee:** A \$200 non-transferable, non-refundable fee for the first month of school, paid at the time of registration.

**Tuition Policy:** San Tan Learning Center has a 10-month academic year for all classes. Tuitions are based on the full year's fee of \$2000.00, which has been divided into 10 equal monthly payments of \$200.00, for your convenience. Payments can be made in full at any time, or can be billed monthly. Payments are billed on the 1<sup>st</sup> of each month for the following month, beginning in August and ending in April. Tuition is due by the 11<sup>th</sup> of the month. *Tuition is not refunded or pro-rated due to absences caused by illness, vacations, withdrawal/dismissal, or otherwise.*

**Billing Policy:** Invoices will be emailed on the 1<sup>st</sup> of the month. All receipts of payment will also be sent by email after payment is made.

If billing needs to be split between two parties, please provide information for both parties and inform the front desk when turning in registration paperwork.

**Payments:**

**Credit Cards on file:** A credit card can be put on credit card by filling out a form provided by the front office during registration. If a credit card is put on file for tuition, the credit card will be run on the 11<sup>th</sup> for tuition payments. If the 11<sup>th</sup> falls on a weekend, payments will be made the Monday after. Credit card payments can be cancelled at any time by contacting the Finance Department at 480-222-0811 ext 7.

**Checks:** A check can be mailed or dropped off to the front office. Please write your child's name under the memo line. A \$25.00 fee will be charged on any returned check.

**Credit/Debit card:** A card can be swiped at the front office during our business hours. You will receive a credit/debit receipt of the card transaction, but receipt of payment will be emailed the next business day by the Finance Department after recorded.

**Change of Information:** It is the Parent(s) responsibility to inform the school of any changes to phone numbers, email addresses, addresses or name changes.

**Failure to Pay:** The finance department will give a 4 day grace period on all invoices before charging a non-refundable \$15 late fee. Payment must be made by the 4pm on the 15<sup>th</sup> or the finance fee will not be reversed. Finance Fees are both emailed and mailed. Every late payment 15 days thereafter will receive an additional 5% fee off the original amount. 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 Learning Center reserves the right to cancel this agreement and to exclude the child from participation in the instruction. In the event that it becomes necessary for San Tan Learning center 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 Learning Center, whether or not litigation is initiated, including, but not limited to all postage fees, attorney fees, and court costs incurred by San Tan Learning Center. 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.

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**AWARENESS CONTRACT AND  
RECEIPT OF STUDENT HANDBOOK THAT OUTLINES STUDENT  
CONDUCT POLICIES AT  
SAN TAN LEARNING CENTER**

*This information is presented in order to ensure the safety and well-being of all students at San Tan Learning Center. It is also meant to ensure that all students and parents/guardians have received communication regarding the Governing Board's special policies dealing with drug/alcohol abuse, dangerous items/deadly weapons, the attendance policy, and the Electronic Information Services (EIS) Student Acceptance Use Policy.*

**The signatures below indicate we have received communication regarding the following Governing Board policies:**

- ❖ Policy regarding harassment (e.g., sexual, race, color, national origin, religion, or disability).
- ❖ Policy regarding Student Conduct.
- ❖ Policy regarding drug/alcohol abuse. We understand that drug/alcohol abuse includes illegal drugs, alcohol, prescription drugs and other mind-altering substances. Abuse includes the possession, use, distribution, sale, or purchase of any of the above.
- ❖ Policy regarding dangerous instruments and deadly weapons in school.
- ❖ Policy regarding negative student group or gang affiliation.
- ❖ Electronic Information Services Student Acceptable Use Policy.
- ❖ Excessive absences include excused *and* unexcused absences.
- ❖ Policy regarding Student Attendance as found in the Handbook
- ❖ Receipt of the Family Handbook that outlines other student conduct policies such as fighting, assaults, threats, bullying, inappropriate language, smoking attendance, tardiness, dress code, insubordination, etc.

If the student is found in violation of these policies and agreements, he/she may be suspended or expelled from school. By signing this document, we are indicating that we are aware of these policies and that our signatures will be in force for the 2013-2014 school year. We understand that at any time, if further clarification is needed, we will contact the school principal.

Student's Printed Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_



Arizona Department of Health Services  
Bureau of Child Care Licensing

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

**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

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

Father 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:**

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

**If Medical care is necessary, call:**

<b>Health Care Provider*</b>	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. It is understood by me that the expense of this service will be accepted by me.

**In case of injury or sudden illness, I request that this individual be called first:**

Does your child have insurance coverage? ☐ No ☐ Yes Name of Insurance Company: \_\_\_\_\_

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

Name(s):
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Custody papers have been provided and are on file at the facility. ☐ yes ☐ no

Telephone Authorization Code (optional): \_\_\_\_\_

## Documentation of Varicella (Chickenpox) Disease or Immunization

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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? | <b>Yes</b>                          | <b>No</b> | <b>Don't Recall</b> |
| b. Did your child have a rash on his/her body?                                      | <b>Yes</b>                          | <b>No</b> | <b>Don't Recall</b> |
| c. Did the rash "itch?"   | <b>Yes</b>                          | <b>No</b> | <b>Don't Recall</b> |
| d. Were there blisters present?   | <b>Yes</b>                          | <b>No</b> | <b>Don't Recall</b> |
| e. Did "scabs" appear toward the end of the rash?                                   | <b>Yes</b>                          | <b>No</b> | <b>Don't Recall</b> |
| f. When did your child have chickenpox?<br>(approximate date)                       | _____/_____<br><b>Month    Year</b> |           |                     |

- 2. If your child has not had chickenpox, has he/she had the chickenpox (varicella) shot?**      **Yes**      **No**      **Don't Recall**  
(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.

**Parent/Guardian Name (please print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number (where you can be reached during the day):** \_\_\_\_\_

**PARENT AUTHORIZATION FOR  
RELEASE/REQUEST OF STUDENT RECORDS**

In accordance with the Family Educational Rights and Privacy Act of 1974 and Arizona State Law, I hereby authorize the school named below to release the following student records:

School Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Initial the items listed below which you **DO NOT** want sent, otherwise the entire record will be forwarded:

____ Transcript of Grades	____ Attendance Record	____ IEP Records
____ Withdrawal Grades	____ Psychological Records	____ Health Records
____ Achievement Test Scores	____ Results of CogAt (or other gifted testing)	____ Discipline Records

(Suspension/Expulsion)

I understand that I have the right to inspect, copy or to challenge the contents of the records prior to the records being forwarded.

Name of Child 1. \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

2. \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

3. \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

**Please send records to:**

*San Tan Learning Center  
1475 South Higley Road, Gilbert, AZ 85296  
Ph. (480) 222-0811 Fax: (480) 471-5990*

1<sup>st</sup> request \_\_\_\_\_

2<sup>nd</sup> request \_\_\_\_\_

3<sup>rd</sup> request \_\_\_\_\_



## Guidelines To Determine Eligible Students

The Arizona Department of Education provides the following FY 2012 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act, ESEA.

Is your family at or below the current income guidelines based on the attached **ESEA Eligibility Guidelines** schedule?

Indicator 1

Indicator 2

NO

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self employment, welfare, social security, retirement benefits unemployment compensation, workers compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

<u>Child's Name</u>	<u>Name of School</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that all of the above information is true and correct.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: These survey forms should be retained by the school or district and kept on file for a period of 5 years.

ADE Revised June 1, 2011

**ESEA Eligibility Guidelines  
July 1, 2011 to June 30, 2012**

Household Size	Indicator 1					Indicator 2				
	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly
1	\$14,157	\$1,180	\$590	\$545	\$273	\$20,147	\$1,679	\$840	\$775	\$388
2	\$19,123	\$1,594	\$797	\$736	\$368	\$27,214	\$2,268	\$1,134	\$1,047	\$524
3	\$24,089	\$2,008	\$1,004	\$927	\$464	\$34,281	\$2,857	\$1,429	\$1,319	\$660
4	\$29,055	\$2,422	\$1,211	\$1,118	\$559	\$41,348	\$3,446	\$1,723	\$1,591	\$796
5	\$34,021	\$2,836	\$1,418	\$1,309	\$655	\$48,415	\$4,035	\$2,018	\$1,863	\$932
6	\$38,987	\$3,249	\$1,625	\$1,500	\$750	\$55,482	\$4,624	\$2,312	\$2,134	\$1,067
7	\$43,953	\$3,663	\$1,832	\$1,691	\$846	\$62,549	\$5,213	\$2,607	\$2,403	\$1,203
8	\$48,919	\$4,077	\$2,039	\$1,882	\$941	\$69,616	\$5,802	\$2,901	\$2,678	\$1,339
For Each Add'l Household Member Add	\$4,966	\$414	\$207	\$191	\$96	\$7,067	\$589	\$295	\$272	\$136

Arizona Department of Education  
NCLB Eligibility Indicator