



**SAN TAN CHARTER SCHOOL**  
**2019-20 STUDENT APPLICATION**

**Recker Campus Grade Entering \_\_\_\_\_**  Returning Student  New Student  
 Mainstream  Gifted\*  Elem. Montessori (K-3) **Kindergarten**  Half Day  Full Day

**San Tan Charter School 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 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Name Used \_\_\_\_\_

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_  Male  Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Caucasian  African American  Asian  Am. Indian/Alaskan Native  Hawaiian/Pacific Islander  Hispanic

Place of Birth City \_\_\_\_\_ State \_\_\_\_\_

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

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

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

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

Student lives with (check all that apply)  Both Parents  Mother  Father  Stepmother  Stepfather  Other \_\_\_\_\_

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

Does your child currently have a 504 or IEP plan? 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? \_\_\_\_\_

Previous School \_\_\_\_\_ State \_\_\_\_\_

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

- 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.
- Permission for my student to be contacted on their personal cell phone. Provide # \_\_\_\_\_
- Give my permission to have photographs of my child published in articles and media viewed by the general public.
- If entering Full Day Kindergarten, I understand and agree to pay the \$300 Registration Fee.

\_\_\_\_\_  
Mother's Signature Father's Signature Date

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

<b>For Office Use Only:</b> <input type="checkbox"/> FRONT OFFICE <input type="checkbox"/> ACCOUNTING <input type="checkbox"/> REGISTRAR Siblings _____
Date App. Received _____ Start Date _____ Year Entering <b>2019-2020</b>
Date Paid _____ Amount \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card



# San Tan Charter School Student Registration Packet Instructions

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

Registration for 2019-2020 school year

Thank you for your interest in San Tan Charter School. 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 Charter School.

Please return this entire packet with all supporting information to the front office by **4:00 p.m. on January 31, 2019** in order to guarantee your child's spot for next year. Any packet received after this date 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 Credit for Kids Donation for grades K(1/2 day) through 8 and/or the \$250 technology rental for grades 9 - 12.

The Credit for Kids Donation is part of the tax credit program and is the perfect way to give and support San Tan. The program is a win/win for everyone. By redirecting your tax dollars, you will support special programs at San Tan Charter School such as character education, athletics, fine arts, music, band, orchestra, choir, performing arts, drama, and academic competitions.

- Student Application Form
- Student/Parent Handbook Compact – to be read online
- PHLOTE form (Primary Home Language Other Than English)
- Updated Emergency Card\*      \_\_\_\_\_ Health Alert – Allergies\*
- Updated Immunization Record – or a Yearly Updated Exemption form – available at the front desk
- Varicella (Chickenpox) Form
- Residency Documentation - address must match address on application
- Updated Credit Card Authorization Form (optional)
- ESEA Eligibility Status
- Birth Certificate
- \$50.00 Half Day Kindergarten and Grades 1- 8 Credit for Kids Donation:
  - Cash     Check # \_\_\_\_\_     Credit Card
- \$300.00 Full Day Kindergarten Registration:     Cash     Check # \_\_\_\_\_     Credit Card
- \$250.00 Grades 9 - 12 Technology Rental:     Cash     Check # \_\_\_\_\_     Credit Card

**\*ALL previous Emergency contacts and health alerts on file will be deleted, please provide a complete list of current contacts with phone numbers and updated health information for your child.**



PARENT AUTHORIZATION FOR RELEASE/  
REQUEST OF STUDENT RECORDS

RECKER CAMPUS – GRADES K - 8

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

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

Address \_\_\_\_\_

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

Please send the following:

- Withdrawal Form
- Withdrawal Grades
- Transcript of Grades
- Attendance Records
- Achievement Test Scores
- Results of CogAt (or other gifted testing)
- Discipline Records (suspension/expulsion)
- SPED Records (IEP, 504, MET & Psych Reports)
- Psychological Records
- Health Records (Birth Certificate, Immunization Records, 45 Day Screening, Hearing & Vision Screening)

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 \_\_\_\_\_

4. \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Date

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

*Federal Law 99.31 allows for educational records to be sent to other educational agencies without the parent's signature requirement.*

Please send records to:

San Tan Charter School  
3959 East Elliot Road, Gilbert, AZ 85234  
Office: 480-222-0811  
Email: cpage@santancs.com

1<sup>st</sup> request \_\_\_\_\_ 2<sup>nd</sup> request \_\_\_\_\_ 3<sup>rd</sup> request \_\_\_\_\_



## Full Day Kindergarten Enrollment Agreement 2019-2020

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

**Registration Fee:** A \$300 non-transferable, non-refundable fee for the first month of school, paid at the time of registration.

**Tuition Policy:** San Tan Charter School has a 10-month academic year for all classes. Tuitions are based on the full year's fee of \$3000.00 divided into 10 equal monthly payments of \$300.00, 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 by email, 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:** Payment can be put on a 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. Credit card payments may be cancelled by notifying the Finance Department at least one business day prior to the scheduled payment date at 480-222-0811.

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

**Credit/Debit card:** A card can be swiped at the front office during business hours. You will receive a credit/debit receipt of the card transaction, but receipt of payment will be emailed 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:** *All invoices will be given a 4 day grace period after the due date. 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 Charter School 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 Charter School 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 Charter School, whether or not litigation is initiated, including, but not limited to all postage fees, attorney fees, and court costs incurred by San Tan Charter School. 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



State of Arizona  
Department of Education  
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)  
Home Language Survey**  
(Effective April 4, 2011)

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?** \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

District or Charter \_\_\_\_\_

School \_\_\_\_\_

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Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.

**AWARENESS CONTRACT AND RECEIPT OF  
STUDENT HANDBOOK THAT OUTLINES STUDENT CONDUCT POLICIES AT  
SAN TAN CHARTER SCHOOL**

*This information is presented in order to ensure the safety and well-being of all students at San Tan Charter School. It is also meant to ensure that all students and parents/guardians have received this 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 acknowledgement of communication regarding the following Governing Board policies found on the school's website:**

- ❖ 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.
- ❖ A student must be in attendance at least 94% OF THE TIME. Excessive absences may result in a truancy referral and/or retention, and possible placement in a Diversion Program. Excessive absences include excused *and* unexcused absences.
- ❖ Family Handbook that outlines other student conduct policies such as fighting, assaults, threats, bullying, inappropriate language, smoking attendance, tardiness, dress code, insubordination, etc., can be accessed on the school's website.

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 2019-2020 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 \_\_\_\_\_



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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## 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 \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_



## Arizona Department of Education Arizona Residency Documentation Form

Student \_\_\_\_\_ School \_\_\_\_\_

School District or Charter Holder \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

As the Parent/Legal Guardian of the Student, I attest\* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- \_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_ Valid Arizona Address Confidentiality Program authorization card
- \_\_\_ Real estate deed or mortgage documents
- \_\_\_ Property tax bill
- \_\_\_ Residential lease or rental agreement
- \_\_\_ Water, electric, gas, cable, or phone bill
- \_\_\_ Bank or credit card statement
- \_\_\_ W-2 wage statement
- \_\_\_ Payroll stub
- \_\_\_ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- \_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- \_\_\_ Temporary on-base billeting facility (for military families)
  
- \_\_\_ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.

# ESEA Program Eligibility Guidelines

July 1, 2018- June 30, 2019

<u>FREE</u>						<u>REDUCED</u>					
HOW OFTEN INCOME WAS RECEIVED						HOW OFTEN INCOME WAS RECEIVED					
Family Size:	Yearly	Monthly	2 x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks )	Weekly	Family Size:	Yearly	Monthly	2 x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks )	Weekly
1	15,782	1,316	658	607	304	1	22,459	1,872	936	864	432
2	21,398	1,784	892	823	412	2	30,451	2,538	1,269	1,172	586
3	27,014	2,252	1,126	1,039	520	3	38,443	3,204	1,602	1,479	740
4	32,630	2,720	1,360	1,255	628	4	46,435	3,870	1,935	1,786	893
5	38,246	3,188	1,594	1,471	736	5	54,427	4,536	2,268	2,094	1,047
6	43,862	3,656	1,828	1,687	844	6	62,419	5,202	2,601	2,401	1,201
7	49,478	4,124	2,062	1,903	952	7	70,411	5,868	2,934	2,709	1,355
8	55,094	4,592	2,296	2,119	1,060	8	78,403	6,534	3,267	3,016	1,508
<b>Each Additional Member Add:</b>	+5,616	+468	+234	+216	+108	<b>Each Additional Member Add:</b>	+7,992	+666	+333	+308	+154

**Note:**

If all income is received on the same schedule  
*Example: alimony = \$100 / month & pension = \$300 / month*

**DO NOT** use conversion factors

If family reports income sources from more than one schedule

*Example: alimony = \$100 / month & pension = \$300 / week*

Income **MUST** be converted to yearly.

- Yearly Income = Monthly x 12
- Yearly Income = Twice Per Month (Bi-Monthly) x 24
- Yearly Income = Every Two Weeks (Bi-Weekly) x 26
- Yearly Income = Week x 52

**DO NOT** round the values resulting from each conversion

Updated May 2018

## Guidelines to Determine Eligible Students

The Arizona Department of Education provides the following FY 2019 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, worker’s 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:

Child’s Name	Name of School	Grade

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

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

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



### Payment by Credit Card Agreement

The following credit card is authorized to be on file at San Tan Montessori Preschool & San Tan Charter School. Automatic payment can be revoked at any time by notifying the finance department at 480-222-0811.

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)
- 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 book deposits.**

***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 \_\_\_\_\_



# Before & After Care Programs

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

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Classroom: \_\_\_\_\_

The before and after care programs are designed to give children a fun and educational time to continue work with peers. It is an excellent time for children to have fun, learn something interesting, have a snack, use some energy, and have time to get schoolwork done.

<input type="checkbox"/> Before School Program	<input type="checkbox"/> After School Program 1 hr	<input type="checkbox"/> After School Program 2 hr	<input type="checkbox"/> Full Day Extended Program
7:20 – 8:20 AM \$150/month or \$15/day**	3:40 – 4:40 PM \$150/month or \$15/day**	3:40 – 5:40 PM \$250/month or \$20/day**	7:20 – 5:30 PM \$350/month or \$35/day**

Approximate Drop-Off Time: \_\_\_\_\_

Approximate Pick-Up Time: \_\_\_\_\_

I would like my child to go directly from the classroom to the After School Program on: **(Please check)**

<input type="checkbox"/> Every Day	<input type="checkbox"/> Mondays	<input type="checkbox"/> Tuesdays	<input type="checkbox"/> Wednesdays	<input type="checkbox"/> Thursdays	<input type="checkbox"/> Fridays	<input type="checkbox"/> As Needed
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Other, please explain:

\_\_\_\_\_

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

- We encourage you to bring your child’s breakfast to eat in the before school program
- Each after school family is expected to bring a group snack once a month

All children who have not been picked up by 3:40 will go to the after school program. Please give us at least a 24-hour notice if you would like your child to go directly to the extended school program from the classroom so they don’t have to wait outside on a day they are not scheduled for.

- **Tuition Payments:** \*\*You will be charged the daily rate on the first six (6) uses of any extended school program in a month. On the seventh (7th) usage of any extended school program, you will be charged the full monthly rate listed above. The extended school program is billed from Sept 1st to June 1st. Billing is sent by email on the 1st of the month after services are rendered, due on the 11th of the month.
- **Multiple siblings** in the Extended School 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 \$350 per month to \$175). This is only valid when the student is 5-day full day preschool and using Full Day Extended Program more than 6 days per month.
- **Late Pick-Up Fee:** San Tan Montessori is open from 7:20 am - 5:40 pm. Beginning at 5:41 pm, \$1.00 per minute for each additional minute is billed until your child is picked up.

*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