SAN TAN MONTESSORI PRIVATE PRESCHOOL

2020-21 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, admissions and school-administered programs.

Infinite Campus Application # **(New Students Only)**: __________

Program *Toddler must be eating independently and walking steady **Primary must be potty trained

◯ Infant (6 wks – 1 yr) ◯ Toddler* (1 yr – 3 yr) ◯ Primary** (3 yr – 6 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 □ Stepmother □ Stepfather □ 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, if enrolled in Full Day program or Lunch program.
- □ 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 within 10 minutes of 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 $150 Registration Fee. ◯ Pay Online ◯ Pay in Person
- □ I agree to pay the $200 Program Activity Fee. ◯ Pay Online ◯ Pay in Person

____________ Mother/Guardian Signature ____________ Father/Guardian Signature ____________ Date

In Office use Only: □ Registrar □ Email □ Roster □ Reg. Fee □ Activity Fee □ 1st Month Tuition

Date received: ____________ Notes: ____________ Siblings: ____________

Date paid: ____________ Payment received by: ____________ □ Online □ Cash □ CC □ Check # ____________

Program: Inf/Pre-K Toddler Primary 30 40 50 HD FD EF Teacher: ____________ Start Date: ____________