

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, admission and school-administered programs.

Program *Toddler must be eating independently and walking stably **Primary must be potty trained	Infinite Campus Applicati	on # (New Students Only):			
Mother/Guardian					
Student primarily lives with Both Parents Mother Father Stepmother Stepfather Other	Student Last Name:	First Na	ame:	Name Used:	
Student primarily lives with Both Parents Mother Father Stepmother Stepfather Other	Mother/Guardian	E	mail		Phone
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	Father/Guardian	En	nail		Phone
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 prompt and timely drop-off and pick-up of my child daily. If my student is not picked up within 10 minutes or 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. Pay Online Pay in Person Mother/Guardian Signature Father/Guardian Signature Payent received: Notes: Siblings: Date paid: Program: Infant Toddler Primary 3D 4D 5D HD FD LP Teacher: Start Date: Program: Infant Toddler Primary 3D 4D 5D HD FD LP Teacher: Start Date:	Student primarily lives with	n □ Both Parents □ Mother	□ Father □ Stepmo	other 🗆 Stepfathe	r 🗆 Other
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None	□ If you are splitting tuition	n payments with a second p	erson, check here to	have billing cont	act you.
Custody/Legal papers must be provided and on file at the school. I, the parent/guardian of		,	,		
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I agree to pay the \$200 Program Activity Fee. Pay Online Pay in Person	□ Provide transportati: □ Provide prompt and dismissal they will be Program for Details. □ Provide student pick Photo Release: I give n □ Internal: May include □ External: Print/online	on to and from school every timely drop-off and pick-up a signed into the after care p -up within 30 minutes of illning permission to have photoe the school yearbook, private media viewable by the ger	day. of my child daily. If n rogram and usage ch ess or severe behavio graphs of my child in te Facebook pages, heral public.	my student is not parges will incur. So or notification. n newsletters.	See Before and After Care
For Office Use Only:					rson
Date received:Siblings:Date paid:Payment received by:Online	Mother/Guardian Signature	Father/	Guardian Signature		Date
Date paid:Payment received by: Online	For Office Use Only:	□ Registrar □ Email □ Roste	r 🗆 Reg. Fee 🗆 Activ	vity Fee □1st Month	Tuition
Program: Infant Toddler Primary 3D 4D 5D HD FD LP Teacher:Start Date:	Date received:	Notes:		Sibling	gs:
	Date paid:	Payment received by:		Online Cas	h 🗆 CC 🗆 Check#
	•	•	Teacher:		Start Date: