



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.

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

Program *Toddler must be eating independently and walking stably **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 \$250 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

For 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: I n f a n t T o d d l e r P r i m a r y 3 D 4 D 5 D H D F D L P Teacher: _____ Start Date: _____