Open to Enrolled San Tan Families. Toddler through 6th Grade. Activities Tailored by Age.

SAN TAN MONTESSORI SUMMER CAMP





CHOOSE YOUR PROGRAM - 3, 4, OR 5 DAYS
PLAN YOUR DAY - HALF DAY OR FULL DAY
CHOOSE YOUR WEEKS





June 22

June 29

July 6

July 13

July 20

July 27

Week 4

Week 5

Week 6

Week 7

Week 8

Week 9

23

30

7

14

21

28

2020 SUMMER CAMP ENROLLMENT AGREEMENT

June 1st – July 29th, 2020 Toddler – 6th Grade

As a benefit to our San Tan Charter School and San Tan Montessori staff members, staff children may join the Montessori Summer Camp tuition free while their parents are working at school. So that we may plan for staffing and ensure enough materials for activities, please complete and return as soon as possible. **Staff will be asked to pay a \$10 activity** fee based on the number of weeks and number of children attending.

Choose Your Own Adventure Summer Camp

Studen	t First	Name:							La	st Na	ame: _								
DOB:_				Age	:		I	ncomin	ng Gra	ade f	or 20	20-20	021 S	choo	l Yea	r			
transfe	rable. \	Fee: \$10 Withdra ent fee.	wal a	t any	time,	for a	ny rea	ason, af	ter th	e suk	missi	on of	the e	nrolln					
child in	the AN	ram Sch /I progra thletic m	m to	ехр	erience	e lunc	h wit	h the gr	oup,	choo	se AM	L. If y	our c	hild w	ill be	parti	cipatin	g in an	•
						, , ,	AM P AML PM P FUI	Availal rogram Program rogram LL DAY:	: 8:00 n: 8:0 : 12:0 8:00) AM)0 AM)0 AM AM -	- 12:0 1 - 1:0 1 - 3:4 - 3:45	0 PM 0 PM 5 PM PM							
		low sche Sibling n (AML) w	dule f Name	or es:		_ (#) si	blings	rogram . If sched	dules	differ,	comp				' or ",	/ " 			
5 Day F	ull Day		If att	tendi	ng part	ial we	ek - Fı	ull Day, c	choose	both	AM &	PM f	or tho	se day	S.		Planne	ed Use	AMT. DUE
Week#	Full Day	Mon.	AM	PM	Tue.	AM	PM	Wed.	AM	PM	Thur.	AM	PM	Fri.	AM	PM	Before Care	After Care	Weekly Rate
Week 1		June 1			2			3			4			5					
Week 2		June 8			9			10			11			12					
Week 3		June 15	İ	l	16			17		l	18	l		19			l	l	

25

2

9

16

23

26

3

10

17

24

24

July 1

8

15

22

29

<u>Allergy & Nutrition Policy:</u> San Tan Montessori is a nut free and low sugar program. Students will not be provided sweets within the program and we ask that you do not send them in lunches. Students provide their own lunch and parents take turns bringing group snacks. A calendar will be provided.

Extended Care: Extended Care is offered tuition free as a staff benefit. Indicating your expected need within the schedule grid above allows us to plan for staffing and activities.

Before Care	After Care	Extended Care	Full Day
7:00 – 8:00 AM	3:45 – 4:45 PM	3:45 – 5:45 PM	7:00 – 5:45 PM

<u>Late Pick-Up Fee:</u> San Tan Montessori is open from 7:00 am – 5:45 pm. Beginning at 5:46 pm, **\$1.00** per minute is billed until your child is picked up.

<u>Disclosure:</u> Parent has disclosed any pertinent information in writing within the **general comments or special needs your child may have** section of the student application to San Tan Montessori. Pertinent information includes any physical, mental, or emotional disabilities of the child or any other matter which could affect the child's enrollment and/or participation at the school. Parent signifies by signing this agreement that the child is physically capable of participating in all aspects of the Montessori program that was chosen.

<u>Dismissal by San Tan Montessori School</u>: The school reserves the right to discharge, at any time, any child, who, in the opinion of the Administration and their teacher is not benefiting from the instruction <u>or</u> whose behavior is detrimental to the program at the school. The recommendation and observations of the student's teacher are taken into consideration and withdrawal is not undertaken unless the school can see that it is to the best advantage of the student, and/or the classroom.

Failure to Pay: The Staff 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 Montessori, reserves the right to cancel this agreement and to exclude the child from participation in the instruction. The unpaid balance shall accrue thirty days from and after the due date, until paid in full, at the interest rate of 24% per year. In the event that it becomes necessary for San Tan Montessori 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 Montessori, whether or not litigation is initiated, including, but not limited to all postage fees, attorney fees, and court costs incurred by San Tan Montessori. 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. Placement is lost if balance is not brought to current statues by the 30th of that month.

Returned Checks: A charge of \$25.00 will be made on any returned check.

	person, 18 years or older, is required to sign my stuent Agreement and agree to abide by the policies, b	
each use. Opon signing, i have read the Emolini	ent Agreement and agree to ablue by the policies, t	our illianciai and otherwise.
Signature of Parent (Mother) or Guardian	Signature of Parent (Father) or Guardian	Date

For Office Use Only: Date & Initials of Received Date & Initials Only Date & Initials Only Date & Initials Date & Init										
TOTAL DUE: REG. FEE \$	🗆 PAID	JUNE \$	🗆 PAID	JULY\$	□ PAID					
NOTES & PAID DATES										
□ STAFF □ AUTHORIZED PEOPLE	☐ HEALTH INF	O 🗆 SIGN IN/O	UT SHEET 🗆 STA	AFF ROSTER	HEALTH ROSTER					



2020 SUMMER CAMP ENROLLMENT

STAFF - STUDENT DETAILS

AUTHORIZED PEOPLE, HEALTH, AND CAMP TRANSITION

First Nar	me:		Last Name: _						
DOB:		Age:	Incoming Grade for 2020-2021 School Year						
□ Sibling	gs have SAN	IE authorized people	e. If No, complete this form	for each stude	ent.				
					Age/Grade:				
					Age/Grade:				
Name of	f Sibling 3: _		DOB: _		Age/Grade:				
The prin	nary people	picking up my child	(ren) are:						
Full Na	me (Parent	/Guardian)	Phone Number		Email Address				
In case o	of an emerg	gency, the following	people are authorized to p	ick up my child	(ren) from Sur	nmer Camp and/or after			
care pro				T					
		Full Name		Phone Numb	er	Relationship			
	required								
	required								
	optional								
4.	optional								
Health I	nformation	Please provide any i	medical or allergy informat	ion for each ch	ild.				
NAME:			NAME	:					
NAME: _			NAME: _						
Montess	sori camp fo	or the afternoon sess	ur child is participating in a sion, please provide camp n nsible for signing your child	ame and dates	so that we mo				