



BEFORE & AFTER CARE PROGRAMS
 PROVIDED BY SAN TAN MONTESSORI, LLC

All students (PreK – 12) who have not been picked up within 10 minutes of their designated dismissal time from class/clubs/sports will be signed into the after school program and will be charged accordingly. An authorized adult, 18 years or older, must sign the student out.

Student First Name: _____ Last Name: _____

DOB: _____ Age: _____ Grade: _____ Teacher (if known): _____

The before and after care programs are designed to give parents the peace of mind and convenience knowing their children are receiving continuity of care between the hours of 7:00 AM and 5:45 PM. Students enjoy a family like atmosphere designed to students age and interest with activities planned for inside and outside.

Before School Program (1 hr)	After School Program (1 hr)	After School Program (2 hr)	Full Day Extended Program (3 hr)
7:00 – 8:00 AM \$150/month or \$15/day**	3:45 – 4:45 PM \$150/month or \$15/day**	3:45 – 5:45 PM \$250/month or \$20/day**	7:00 – 8:00 AM & 3:45 – 5:45 PM \$350/month or \$35/day**

I would like my child to join the after care program following dismissal on these days:

Monday	Tuesday	Wednesday	Thursday	Friday
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Notes: _____

The primary people picking up my child are:

Full Name (Parent/Guardian)	Phone Number	Email Address

In case of an emergency, the following people are authorized to pick up my child from the after care program:

Minimum of 2	Full Name	Phone Number	Relationship
1. required			
2. required			
3. optional			
4. optional			

Health Information Please provide any medical or allergy information for your child.



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Student First Name: _____ Last Name: _____

10% Discount provided to families with siblings also using the program and military families. (Check below)

Provide Siblings Name and Grade Military Family

Sibling Full Name: _____ Grade: _____

Sibling Full Name: _____ Grade: _____

Sibling Full Name: _____ Grade: _____

Sibling Full Name: _____ Grade: _____

- **Tuition Payments** **You will be charged the daily rate on the first nine (9) uses of any extended school program in a month. On the tenth (10th) usage of any extended school program, you will be charged the full monthly rate listed above. Billing is sent by email on the 5th of the month after services are rendered, the card on file will be charged on the 15th of the month.
- **Multiple siblings** in the Before and After Care 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 9 days per month.*
- **Late Pick-Up Fee** San Tan’s Before and After Care program is open from 7:00 am - 5:45 pm. Beginning at 5:46 pm, \$1.00 per minute for each additional minute is billed until your child is picked up.
- **Failure to Pay:** *Payments not received by the 15th 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 Montessori, LLC. 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 Montessori, LLC. 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, LLC., whether or not litigation is initiated, including, but not limited to all postage fees, attorney fees, and court costs incurred by San Tan Montessori, LLC. 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 use of the program may be suspended.

I acknowledge that an authorized person, 18 years or older, is required to sign my student out of the after care program after each use. 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

For Office Use Only: RECEIVED BY PRESCHOOL PROGRAM CHOSEN _____ 10% SIBLING/MILITARY DISC

Date & Initials of Received _____ Start Date _____ Year Entering **2020-2021**

AUTHORIZED PEOPLE HEALTH INFO PAYMENT INFO SIGN IN/OUT SHEET STAFF ROSTER HEALTH ROSTER