



2020 EXTENDED SUMMER CAMP ENROLLMENT AGREEMENT

July 30th – August 28th, 2020

Toddler – 12th Grade

As a benefit to our San Tan Charter School and San Tan Montessori staff members, staff children may join the Montessori Extended Summer Camp tuition free while their parents are working at school. So that we may plan for staffing, please complete and return as soon as possible.

Student First Name: _____ Last Name: _____

DOB: _____ Age: _____ Incoming Grade for 2020-2021 School Year _____

Sibling First Name: _____ Last Name: _____

DOB: _____ Age: _____ Incoming Grade for 2020-2021 School Year _____

Sibling First Name: _____ Last Name: _____

DOB: _____ Age: _____ Incoming Grade for 2020-2021 School Year _____

Sibling First Name: _____ Last Name: _____

DOB: _____ Age: _____ Incoming Grade for 2020-2021 School Year _____

Extended Summer Camp

Summer Program Schedule: Choose the days and weeks you need. School age Staff Students will be allowed to work on their school work in a socially distanced spaced computer lab with a Proctor in the room

Before Care Available from 7:00 am – 8:00 AM

FULL DAY: 8:00 AM – 3:45 PM

After Care Available from 3:45 pm – 5:45 pm

Please indicate weekly program participation below with an “x” or “✓”

☐ Utilize the below schedule for _____ (#) siblings. If schedules differ, complete one form per student.

5 Day Full Day											Planned Use	
Week #	Mon.	Full Day	Tue.	Full Day	Wed.	Full Day	Thur.	Full Day	Fri.	Full Day	Before Care	After Care
Week 1							July 30		31			
Week 2	Aug 3		4		5		6		7			
Week 3	Aug 10		11		12		13		14			
Week 4	Aug 17		18		19		20		21			
Week 5	Aug 24		25		26		27		28			

Allergy & Nutrition Policy: 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 billed separately, based on usage. Billing goes out by the 5th of the month, due by the 15th. 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

Late Pick-Up Fee: 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.

Disclosure: 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.

Withdrawal: This agreement may be terminated by parent **upon a 14 day written notice**; Parents will be responsible for payment of tuitions and fees for 30 days following the office receiving the written notice of withdrawal. Parent agrees that withdrawal or dismissal of their child(ren) after the execution of this agreement, whether as a result of accident, transfer, relocation due to parent's occupation, financial difficulty, sickness, disciplinary action, disagreement with teaching style, school policies, or otherwise, does not relieve the parent of the responsibility of fulfilling the school's tuition policy.

Dismissal by San Tan Montessori School: 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 or 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 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 status by the 30th of that month.

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

Upon signing, I acknowledge that an authorized person, 18 years or older, is required to sign my student out of the 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: Date & Initials of Received _____ ☐ 10% SIBLING/MILITARY DISC
TOTAL DUE: AUG \$ _____ ☐ PAID
NOTES & PAID DATES _____
☐ STAFF ☐ AUTHORIZED PEOPLE ☐ HEALTH INFO ☐ SIGN IN/OUT SHEET ☐ STAFF ROSTER ☐ HEALTH ROSTER



2020 EXTENDED SUMMER CAMP ENROLLMENT

STUDENT DETAILS

AUTHORIZED PEOPLE, HEALTH, AND CAMP TRANSITION

First Name: _____ Last Name: _____

DOB: _____ Age: _____ Incoming Grade for 2020-2021 School Year _____

☐ Siblings have SAME authorized people. If No, complete this form for each student.

Name of Sibling 1: _____ DOB: _____ Age/Grade: _____

Name of Sibling 2: _____ DOB: _____ Age/Grade: _____

Name of Sibling 3: _____ DOB: _____ Age/Grade: _____

The primary people picking up my child(ren) are:

Full Name (Parent/Guardian)	Phone Number	Email Address

In case of an emergency, the following people are authorized to pick up my child(ren) from Summer Camp and/or 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 each child.

NAME: _____ NAME: _____

NAME: _____ NAME: _____

Additional Notes
