



## BEFORE & AFTER CARE PROGRAMS

PROVIDED BY SAN TAN MONTESSORI, LLC

All students (Pres - 12) who have not been picked up within 10 minutes of their designated dismissal time from class/club/sports will be turned into the after school programs and will be charged accordingly. An authorized adult, 18 years of age 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.

|                                                                                                       |                                                                                                        |                                                                                                         |                                                                                                                                |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Before School Program (AM)<br>7:00 – 8:00 AM<br>\$150/month or<br>\$45/day** | <input type="checkbox"/> After School Program (PM I)<br>3:30 – 4:45 PM<br>\$150/month or<br>\$45/day** | <input type="checkbox"/> After School Program (PM II)<br>5:00 – 5:45 PM<br>\$250/month or<br>\$45/day** | <input type="checkbox"/> Full Day Extended Program (PM III)<br>7:00 – 8:00 AM & 5:00 – 5:45 PM<br>\$350/month or<br>\$55/day** |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|

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

|                                 |                                  |                                    |                                   |                                 |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|

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 1 | 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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