



SAN TAN MONTESSORI PRIVATE PRESCHOOL

2021-22 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 admission based programs.

Infants Campus Application (New Students Only) _____

Program *Teacher must be writing independently and writing daily **Students must be potty trained

Daily Schedule

☐ Infants (aka - 1 yr) ☐ Toddler¹ (1 yr - 2 yr) ☐ Primary² (2 yr - 4 yr)

☐ Half Day ☐ Full Day

Student Last Name _____ First Name _____ Name Chosen _____

Teacher/Teacher _____ Email _____ Phone _____

Father/Mother _____ Email _____ Phone _____

Student primarily lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Other _____

Are you living in temporary housing? Yes ☐ No ☐ If no, is this due to hardship? Yes ☐ No ☐

n. 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 _____

Consent/Legal papers must be provided 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 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 30 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 dismissal or severe behavior notification.

Photo Release: I give my permission to have photographs of my children

- ☐ 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 \$288 Program Activity Fee. ☐ Pay Online ☐ Pay in Person

Teacher/Teacher Signature _____

Father/Mother Signature _____

Date _____

On-Behalf Info

☐ Register ☐ Email ☐ Contact ☐ Pay Fee ☐ Activity Fee ☐ Last Month Payment

Date received _____ Notes _____ Mailings _____

Date paid _____ Payment received for _____ ☐ Online ☐ Cash ☐ CC ☐ Check # _____

Program: ☐ Infant ☐ Toddler ☐ Primary ☐ 30 ☐ 40 ☐ 50 ☐ 60 ☐ 70 ☐ 80 Teacher: _____ Next Date: _____