



STAFF FORM

2021 SUMMER CAMP ENROLLMENT AGREEMENT

May 24th – July 27th, 2021

K – 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.***

Magical Tour Through the Times

Student First Name: _____ Last Name: _____

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

Staff Activity Fee: \$10.00 per week, per student Due at Registration. **This activity fee is non-refundable and non-transferable.** Withdrawal at any time, for any reason, after the submission of the enrollment forms results in the forfeit of the enrollment fee. This fee cannot be applied to the payment of any other fees.

Summer Program Schedule: Choose the days and weeks you need. Lunch is from 12 PM – 1 PM. If your child will be participating in an academic or athletic camp, details will be asked on page 3 to ensure a smooth transition between camp programs.

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

AM Program: 8:00 AM – 12:00 PM

PM Program: 12:00 AM – 3:45 PM

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 per student.

Sibling Names: _____

5 Full Day		If Full Day, choose both AM & PM for those days.															Planned 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	
1		May 24			25			26			27			28						
2		May 31			Jun1			2			3			4						
3		Jun 7			8			9			10			11						
4		Jun 14			15			16			17			18						
5		Jun 21			22			23			24			25						
6		Jun 28			29			30			Jul 1			2						
7		Jul 5			6			7			8			9						
8		Jul 12			13			14			15			16						
9		Jul 19			20			21			22			23						
10		Jul 26			Jul 27															

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 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

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.

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: REG. FEE \$ _____ ☐ PAID MAY \$ _____ ☐ PAID JUNE \$ _____ ☐ PAID JULY \$ _____ ☐ PAID
NOTES & PAID DATES _____
☐ STAFF ☐ AUTHORIZED PEOPLE ☐ HEALTH INFO ☐ SIGN IN/OUT SHEET ☐ STAFF ROSTER ☐ HEALTH ROSTER



2021 SUMMER CAMP ENROLLMENT

STUDENT DETAILS

AUTHORIZED PEOPLE, HEALTH, AND CAMP TRANSITION

First Name: _____ Last Name: _____

DOB: _____ Age: _____ Incoming Grade for 2021-2022 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: _____

Academic/Athletic Camp Schedule If your child is participating in additional summer camp programs AND joining the Montessori camp for the morning or afternoon session, please provide camp name and dates so that we may coordinate the transition. The camp lead will be responsible for signing your child into the Montessori camp.



Payment by Credit Card Agreement

The following credit card is authorized to be on file at San Tan Charter School and San Tan Montessori Private Preschool.

The credit card on file will be used for all charges, including:

- Kindergarten & Preschool Tuition payments processed on the 11th of the month
- Before and After Care, processed on the 15th day of the month (always billed the month after service)
- Extra Lunches from the prior month (always billed the following month)
- Upon parent request, cards on file may be used to pay other invoices throughout the school year.

Invoices are emailed at least 10 days before a credit card on file is processed. Transaction receipts are emailed to the card holder. Upon receiving an invoice, the card holder has the opportunity to cancel an automatic payment and pay with an alternative method.

Child's Name: _____	Grade: _____
Child's Name: _____	Grade: _____
Child's Name: _____	Grade: _____
Child's Name: _____	Grade: _____
Child's Name: _____	Grade: _____

VISA OR MASTERCARD ONLY

Credit Card # _____ - _____ - _____ - _____ Exp. Date _____

3 digit code on back of card _____ Daytime Phone _____

Card Holder Name (Printed) _____

Billing Address _____ Zip _____

Email Address _____

I hereby authorize collection of payment for all charges as indicated above. I certify that I am the authorized holder and signer of the credit card reference above. I also certify that all information above is complete and accurate, and understand that it is my responsibility to update any new card information when received. If a credit card declines and is not updated, I understand that not updating information can result in a late payment fee.

Cardholder Signature _____ Date _____