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-administered programs.

Infinite Campus Application #: _____

Program *Toddler must be eating independently and walking stably **Primary must be potty trained**   **Daily Schedule**
□ Toddler* (1 yr – 3 yr)   □ Primary** (3 yr – 6 yr)   □ Half Day   □ Full Day

Student Last Name:_____First Name:_____Name Used: _____

Mother/Guardian _____Email_____Phone_____

Father/Guardian _____Email_____Phone_____

Student primarily lives with   □ Both Parents   □ Mother   □ Father   □ Stepmother   □ Stepfather   □ Other_____

Are you living in temporary housing?   Yes_____   No_____   If so, is this due to hardship?   Yes_____   No_____

□   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   _____ __ _____ __ _____

      Custody/Legal papers must be provided and 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 to 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 10 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 illness or severe behavior notification.

Photo Release: I give my permission to have photographs of my child in
□ 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 $200 Program Activity Fee.   □ Pay Online   □ Pay in Person

_____   _____   _____
Mother/Guardian Signature   Father/Guardian Signature   Date

For Office Use Only: □ Registrar   □ Email   □ Roster   □ Reg. Fee   □ Activity Fee   □ 1st Month Tuition

Date received:_____Notes:_____Siblings:_____

Date paid:_____Payment received by:_____ □ Online □ Cash □ CC □ Check # _____

Program: Toddler   Primary   3D   4D   5D   HD   FD   LP   Teacher:_____Start Date: _____