



# SAN TAN MONTESSORI PRIVATE PRESCHOOL

## 2024-25 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

- Toddler\* (1 yr – 3 yr)
- Primary\*\* (3 yr – 6 yr)

**Daily Schedule**

- 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 at 3:00pm 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 \$300 Program Activity Fee.  [Pay Online](#)  Pay in Person

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date

<b>For Office Use Only:</b>		<input type="checkbox"/> Registrar	<input type="checkbox"/> Email	<input type="checkbox"/> Roster	<input type="checkbox"/> Reg. Fee	<input type="checkbox"/> Activity Fee	<input type="checkbox"/> 1st Month Tuition
Date received:	_____	Notes:	_____		Siblings:	_____	
Date paid:	_____	Payment received by:	_____		<input type="checkbox"/> Online	<input type="checkbox"/> Cash	<input type="checkbox"/> CC <input type="checkbox"/> Check # _____
Program:	Toddler Primary 3D 4D 5D HD FD	LP	Teacher:	_____		Start Date:	_____