



SAN TAN MONTESSORI PRIVATE PRESCHOOL

2025-26 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.

Program

- Toddler Launch Pad (1yr) Toddler (1 yr – 3 yr) Primary (3 yr – 5 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 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.
- 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 3:15pm 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.
- I agree to pay the \$350 Program Activity Fee.

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: _____ Cash CC Check # _____

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