

SAN TAN CHARTER SCHOOL
**Around the World in
40 Days**
SUMMER 2023

5/30/23-6/2/23 Kindness Camp

6/5/23-6/9/23 USA

6/12/23-6/16/23 Seychelles

6/19/23-6/23/23 India

6/26/23-6/30/23 France

7/3/23-7/7/23 CLOSED

7/10/23-7/14/23 Morocco

7/17/23-7/21/23 Brazil

7/24/23-7/28/23 Australia (Preschool Only)





2023 SUMMER CAMP ENROLLMENT AGREEMENT

May 30th - July 24th, 2023

K – 6th Grade

Student First Name: _____ Last Name: _____

DOB: _____ Age: _____ Incoming Grade for 2023-2024 School Year _____

Registration Fee: \$100.00 per student. Due at Registration. **This registration 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.

Around the World in 40 Days

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.

Tuition is billed the month prior. June tuition is billed May 1st, July tuition is billed June 1st. If enrolling on/after May 1st, June tuition will be due at registration. If enrolling on/after June 1st, full tuition will be due at registration.

Summer Program	5 Days per Week	4 Days per Week	3 Days per Week
<i>Before Care Available from 7:00 am – 8:00 am --- Billed at the end of the month, based on usage.</i>			
AM – 8:00 AM – 12:00 PM	\$275	\$250	\$215
PM – 12:00 PM – 3:00 PM	\$275	\$250	\$215
FULL – 8:00 AM – 3:00 PM	\$325	\$300	\$275
<i>After Care Available from 3:00 pm – 5:45 pm --- Billed at the end of the month, based on usage.</i>			

Please indicate weekly program participation below with an “x” or “✓”

Utilize the below schedule for _____ (#) siblings. If schedules differ, complete per student.

Sibling Names: _____

Apply Siblings/Military Family Discount (10%)

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	A	P	Before Care	After Care	Weekly Rate
1		N/A			May 30			May 31			Jun 1			2					
2		Jun 5			6			7			8			9					
3		Jun 12			13			14			15			16					
4		Jun 19			20			21			22			23					
5		Jun 26			27			28			29			30					
6		Jul 10			11			12			13			14					
7		Jul 17			18			19			20			21					
8		Jul 24			N/A			N/A			N/A			N/A					

Tuition Policy: San Tan Montessori has a 10-week summer program for Kinders through incoming 6th graders. Tuition will be billed on May 1st, June 1st, and July 1st and is due by 11th of the month. **Tuition is not refunded or pro-rated due to absences caused by illness, vacations, withdrawal/dismissal, or otherwise.** Early withdrawal from the program does not terminate parent’s tuition responsibility. Enrollment in the program entails responsibility for the entire summer’s tuition.

Multiple Students: Tuition will be reduced at a rate of 10% off the entire tuition if multiple students are enrolled.

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 billed separately, based on usage. Billing goes out by the 5th of the month, due by the 15th. 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 \$100/week or \$20/day	3:00 – 4:30 PM \$100/week or \$20/day	3:00 – 5:45 PM \$140/week or \$28/day	7:00 – 5:45 PM \$190/week or \$38/day

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.

Withdrawal: This agreement may be terminated by parent **upon a 14 day written notice;** Parents will be responsible for payment of tuitions and fees for 30 days following the office receiving the written notice of withdrawal. Parent agrees that withdrawal or dismissal of their child(ren) after the execution of this agreement, whether as a result of accident, transfer, relocation due to parent’s occupation, financial difficulty, sickness, disciplinary action, disagreement with teaching style, school policies, or otherwise, does not relieve the parent of the responsibility of fulfilling the school’s tuition policy.

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 _____	<input type="checkbox"/> 10% SIBLING/MILITARY DISC
TOTAL DUE: REG. FEE \$ _____	<input type="checkbox"/> PAID MAY \$ _____	<input type="checkbox"/> PAID JUNE \$ _____
NOTES & PAID DATES _____	<input type="checkbox"/> PAID JULY \$ _____	<input type="checkbox"/> PAID _____
<input type="checkbox"/> STAFF	<input type="checkbox"/> AUTHORIZED PEOPLE	<input type="checkbox"/> HEALTH INFO
<input type="checkbox"/> SIGN IN/OUT SHEET	<input type="checkbox"/> STAFF ROSTER	<input type="checkbox"/> HEALTH ROSTER



2023 SUMMER CAMP ENROLLMENT
STUDENT DETAILS
 AUTHORIZED PEOPLE, HEALTH, AND CAMP TRANSITION

First Name: _____ Last Name: _____

DOB: _____ Age: _____ Incoming Grade for 2023-2024 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:

- Preschool Tuition payments processed on the 11th of the month
- Kindergarten Tuition is invoiced the 3rd Thursday of the month and payments processed on the 3rd Friday 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 _____