



Registration Checklist

Registration is first come, first served when all documents are completed.

Student's Name: _____

School Year: 20__/20__

- Preschool Registration
- Elementary Registration

- Registration Form
- Getting to Know You Form
- Race & Ethnicity Data Collection Form
- Primary Home Language Form
- AZ Emergency, Information, & Immunization Record Card
 - List at least 2 Emergency Contacts
 - Copy of Immunization Record

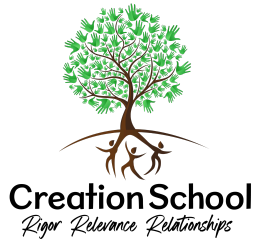
Preschool Students - a new copy is needed every year, even if there are no changes from last year

Elementary Students - Required for ALL Kindergarten/6th Grade OR NEW to Creation School

- Media Release Form
- Parent Handbook Acknowledgement (*last page of the Parent Handbook*)
- Registration Fee(s)

Elementary Students ONLY

- Tuition Intent to Pay Form
- Schedule Financial Aid Advisor Meeting
- Affidavit of Intent for Private School & Copy of Student's Birth Certificate
 - (ALL Kindergarten & New enrolling Students only, needs to be completed only once)**
 - (Must be notarized and Mailed to Pima County School Superintendent's Office)**



Creation School
Registration
2024-2025
Preschool

Child's Name: (First) _____ (Last) _____

Date of birth ___/___/____ M ___ F ___

Primary Email (please print clearly) _____

Child's primary address _____

City _____ State _____ Zip _____

Resides with both parents _____ Father _____ Mother _____ Shared Custody _____

Mother's Name: _____ Home # _____ Cell # _____

Mother's Email Address _____

Employer _____ Work # _____

Father's Name: _____ Home # _____ Cell # _____

Father's Email Address _____

Employer _____ Work # _____

Are you a Church Member at Christ Lutheran Vail? Yes ___ No ___

If not, name of Congregation: _____

Returning family? Yes ___ No ___ Member of CLV Mothers of Preschoolers (MOPs) Yes ___ No ___

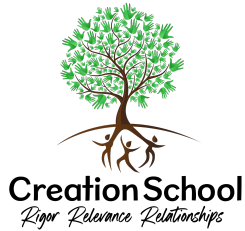
Has your child been baptized? Yes ___ No ___ If so, where? _____

Please list the siblings of the student:

Name	Age	Grade	Current School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you hear about Creation School? _____ Referral _____ Internet _____ Event _____ Drive By

Referred by: _____



**Creation School
Registration
2024-2025
Preschool**

PROGRAM OPTIONS

Preschool - Please select 1st *and* 2nd choices:

Session	Day	Fee
Early Learners (ages 2 – 3)		
<input type="checkbox"/> EL 8:30 – 11:30	M/T	\$2750 annual or \$275 per month**
<input type="checkbox"/> EL 8:30 – 11:30	W/TH	\$2750 annual or \$275 per month**
Preschool (ages 3 - 4 years old and independent toileting by Sept 1)		
<input type="checkbox"/> Preschool 8:30 – 11:30	M/T	\$2750 annual or \$275 per month**
<input type="checkbox"/> Preschool 8:30 – 11:30	W/TH	\$2750 annual or \$275 per month**
Pre-Kindergarten (must be 4 by Sept 1)		
<input type="checkbox"/> Pre-K 4-5 8:30 – 11:30	M/T/W	\$4000 annual or \$400 per month**
<input type="checkbox"/> Pre-K 4-5 12:00 - 3:00	M/T/W	\$4000 annual or \$400 per month**
<input type="checkbox"/> Pre-K 4-5 8:30 – 11:30	M/T/W/TH	\$4350 annual or \$435 per month**
<input type="checkbox"/> Pre-K 4-5 12:00 - 3:00	M/T/W/TH	\$4350 annual or \$435 per month**
<input type="checkbox"/> Pre-K 4-5 Full Day 8:30 – 3:00	M/T/W/TH	\$5800 annual or \$580 per month**

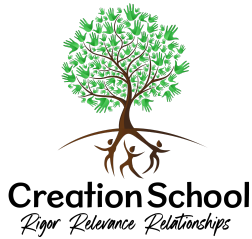
Important Billing Information (Please read and initial the following):

Non-refundable yearly registration fee of \$200 per program for the first child/\$150 for the second

Payments are due in advance (monthly or quarterly). Electronic payments and checks are accepted.

Payment secures my child’s place in the program. Late fees may apply. Late payments jeopardize the security of that placement. Non-payment will result in the loss of that placement.

****Monthly tuition rates are prorated for the 10-month school year, and there is no reduction in fees for the days my child is absent due to holidays, illness, vacation, or adverse weather.**



Creation School
Registration
2024-2025
Preschool

Please complete the following, so that we can get to know your child better! This information will be used to place your child in the most appropriate learning environment.

Please describe your child's previous school experiences (if applicable):

Has your child had any opportunities for social interaction with other children (i.e. Sunday School, etc.). Please list as many as are applicable:

If any, please describe developmental milestones concerns (I.e. walking, speech/language, independent toileting, etc).

Have/has any aspects of your child's behavior, development, speech, vision, hearing or health concern/ed you, your child's current teacher, or your child's pediatrician? If yes, please describe:

Has your child ever been evaluated or referred for any early intervention services (such as occupation therapy, speech therapy, behavioral therapy, physical therapy, or psychological therapy)? If so, please describe the outcome here, and attach your child's IEP or any other applicable information:

Has your child ever received early intervention services (such as occupational therapy, speech therapy, behavioral therapy, physical therapy, or psychological therapy) including those provided by a regional center, local school district or private practice? Are they currently receiving any of these services? If yes, please explain:

Please describe any accommodations your child might need while attending school (i.e. health issues, allergies, social-emotional needs, or physical restrictions):

Have there been, or will there be in the near future, any significant family changes that your child will be adjusting to (i.e. new siblings, moving, a new home, a death in the family, new marriages or separations/divorces, deployment)?

Do you have any additional comments or concerns that you would like to share with us (your child's teacher, the Director, or the Dean of Students)?

Parent/Guardian _____ Date _____



Getting to know you!

Child's Name: _____ Child's Birth Date: _____

What name does your child like to go by: _____

Primary Household

Primary Caregivers: _____

Contact email: _____

Siblings and ages: _____

Pets: _____

Favorite toy: _____

Home Language: _____

Secondary Household

Primary Caregivers: _____

Contact email: _____

Siblings and ages: _____

Pets: _____

Favorite toy: _____

Home Language: _____

Child's favorite activities:

Child's favorite places to go:

My hopes and dreams for my child (use back if necessary):

Does your child have any fears, anxieties, or special habits we should be aware of?

Signed: _____ Date: _____

Relationship to child: _____



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Additional comments:
Other special instructions:

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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State of Arizona
Department of Education

Office of English Language Acquisition Services



**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____

2. What is the language most often spoken by the student? _____

3. What is the language that the student first acquired? _____

Student Name _____ District _____
Student ID _____

Date of Birth _____ SSID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.

In AzEDS, please indicate the student’s home or primary language. (Revised 01-2019)



RACE and ETHNICITY DATA COLLECTION FORM

In accordance with new federal guidance, schools are required to utilize a two-part question to collect data about race and ethnicity. Part 1 is in regards to Ethnicity and Part 2 relates to race. More than one race may now be selected on Part 2.

Date: _____ Child's Name: _____

Parent/Guardian Signature: _____

Race/Ethnicity Two-Part Question: Answer BOTH questions.

Part 1: Ethnicity

Is the student Hispanic or Latino? (Choose only one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

Part 2: Race

What is the student's race? (Regardless of how respondent answered the first question, choose one or more)

- American Indian or Alaska Native (A person having origins in any of the original tribal peoples of North and South America, including Central America, and who maintains affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)



CHRIST LUTHERAN VAIL CHURCH & CREATION SCHOOL
MEDIA RELEASE FORM

Student Name _____ (Print)

I hereby grant permission to Christ Lutheran Vail Church (CLV) and Creation School to interview, photograph, or record my child(ren) and/or their work for use in audio, video, film, or any other electronic, digital and printed media.

I understand that CLV/Creation School may use my child(ren)'s work and/or image for public viewing including but not limited to, church newsletters, newspaper articles, marketing pieces, classroom projects, and posts to a CLV and/or Creation School media site.

No student's name will be placed on media sites with his/her picture or work.

Please Check One:

FULL CONSENT TO RELEASE

I agree to my child's participation without financial compensation, and I understand that this releases CLV and its employees, representatives, and authorized media organizations from any and all claims, causes of action, liability, or damages arising from the use of my child's likeness. I have read and understand the provisions of this authorization and release, and agree to its terms.

NO RELEASE OF INFORMATION

I **do not** allow CLV and/or Creation School to use my child's likeness for any private or public purposes.

Printed Parent/Guardian Name

Signature of Parent/Guardian

Date