

Creation School

Rigor Relevance Relationships



2024-2025

Dear Returning Family,

Thank you for continuing your educational journey with Creation School. Attached you will find the necessary forms for the 2024-2025 school year.

Registration Forms

- Returning Student Registration Form
- Arizona Department of Health Emergency, Information, & Immunization Record Card (form must include 2 Emergency contacts other than mom/dad)
 - *Please note: Updated Immunization records are only need for incoming Kindergarten & 6th Grade Students*
- Creation School Handbook Parent/Student Acknowledgement Form (we ask you review with your student and if your student will be in 4th-6th grade, please have them sign)
- Tuition Intent to Pay form

A copy of the updated Family Handbook & the School Calendar are included for your reference. Please take the time to review both documents.

Completed registration forms and registration fees (\$200 for the first child, \$150 for each additional child) can be turned into the school office starting **February 5, 2024**. Priority enrollment is given to returning families until February 26. We can not guarantee your child's spot if we receive your registration packet AND fees, after February 26. If you have any questions or concerns, please let us know.

Blessings,

Creation School Administration
creationschool@christlutheranvail.org
(520) 468-7075



**Creation School
Registration
2024-2025
Returning Student**

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

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

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: _____

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

Please list the siblings of the student:

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



**Creation School
Registration
2024-2025
Returning Student**

Kindergarten – 6th Grade (Kindergarteners must be 5 by September 1st)* M- F 8:15 - 2:45

- Kindergarten
- 1st Grade
- 2nd Grade
- 3rd Grade
- 4th Grade
- 5th Grade
- 6th Grade

\$9,250 annual tuition or \$925 per month*
(Arizona tax credits or ESA may apply)

Multi-age classrooms will be arranged based on enrollment.

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 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.**

Please indicate Payment Method Out-of-Pocket ESA STO

Parent/Guardian _____ Date _____



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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Tuition Explanation and Intent to Pay

Creation Elementary School is a private Christian school and a ministry of Christ Lutheran Vail. It is financially dependent solely upon the tuition payments and donations provided by our parents and partners in the educational ministry. Attendance at the school comes with a yearly tuition cost requirement. Full tuition for the 2024/2025 school year is \$9250 per student.

Creation School partners with school tuition organizations (STOs) and private donors to provide support for families that need assistance. Creation School also offers scholarships and discounts in special cases at the discretion of the Director.

We strongly suggest that ALL families consider allocating Arizona tax credit dollars to support Christian education at Creation School and encourage family and friends to do so as well. A donation to an Arizona STO allows donors to receive a dollar-for-dollar tax credit while funding scholarships for children who could not usually afford to attend a private school. Individuals with an Arizona state tax liability can redirect a portion or all of their state tax liability to an STO.

Creation School is partnered with these Arizona School Tuition Organizations (STOs). Families may apply to all seven organizations to maximize funding.

1. **ACTSO** <https://acsto.org/>
2. **School Choice** <https://schoolchoicearizona.org/>
3. **IBE** <https://www.ibescholarships.org/>
4. **Arizona Leadership Foundation** <https://arizonaleader.org/students-families/applications/>
5. **Arizona Tax Credit** <https://aztxcr.org/>
6. **Arizona Tuition Connection** <https://www.arizonatuitionconnection.com/>
7. **TOPS for Kids** <https://www.topsforkids.com/ApplicantApplication>

Many families take advantage of **Arizona’s Universal Empowerment Scholarship Account (ESA) Program**, which can pay up to 80% of the tuition cost. Active military, foster families, and children with special needs, may qualify to receive additional funding from **ESA**. <https://www.azed.gov/esa/>

Reminder: Parents are responsible for uploading ESA invoices into Classwallet each quarter and cover remaining balance.

Please note: ESA and STOs **can not be combined** in a school year. Indicate your payment option at registration.

Intention to Pay:

- I understand that I am responsible for meeting the tuition requirement.
- I understand that the Arizona School Tuition Organizations or ESA may not fully pay for the entire amount of tuition and I will be responsible for paying the remainder of the cost.
- I understand that remaining tuition balances left unpaid may be subject to a 6% late fee.

Parent name printed

Parent signature

Student name

Date

Creation School Handbook

PARENT/STUDENT ACKNOWLEDGEMENT

This is to acknowledge that I/we have received a copy of the School's Family Handbook.

I/We understand that this handbook provides the guidelines for the school regarding their policies and procedures.

I/We also understand that it is my/our responsibility to read, understand, become familiar with, and comply with the standards and policies that have been established.

I/We further understand that the Elementary School reserves the right to modify, supplement, or revise any policy from time to time, with or without notice, as it deems necessary or appropriate.

I/We commit to consistently fostering harmony and positive relationships among the school staff, teachers, school administration, students, and parents of Creation School. I/We pledge not to engage in any actions that intentionally create discord within the school community.

I/We promise to approach interactions with teachers and administrators with kindness and understanding.

By signing below I/we fully acknowledge that I/we have completely read the handbook provided to us.

Student Name (Please Print) _____

Parent/Guardian's Signature

Date

Student's Signature *(upper grades required)

Date