



## Registration Checklist

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

Student's Name: \_\_\_\_\_

School Year: 20**26/27**

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

- Media Release Form
- Registration Fee(s)

### **Elementary & Middle School Students ONLY**

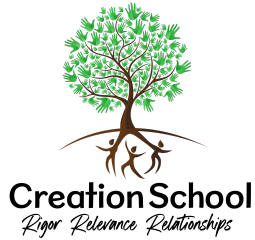
- Tuition Intent to Pay Form
- Schedule Financial Aid Advisor Meeting
- Affidavit of Intent for Private School & Copy of Student's Birth Certificate

**(ALL Kindergarten & New enrolling School Aged Students only, needs to be completed only once)**

**(Must be notarized and Mailed to Pima County School Superintendent's Office)**

- Once you have received your returned Affidavit, please send a copy to the school. Your return affidavit will have the Pima County Seal stamped on it.**





# Creation School Registration 2026-2027

Child's Legal Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Child's Nickname: \_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_\_\_ M \_\_\_ F \_\_\_ Returning family? Yes \_\_\_ No \_\_\_

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 # \_\_\_\_\_

Does your family have a military affiliation? Yes \_\_\_ No \_\_\_

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
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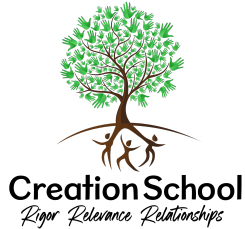
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How did you hear about Creation School? \_\_\_ Internet/Social Media \_\_\_ CLV Ministry (Stay & Play/MomCo)

Other / Referred by: \_\_\_\_\_



**Creation School  
Registration  
2026-2027**

**PROGRAM OPTIONS**

(Preschool - Please select 1st *and* 2nd choices)

Classes/Grades	Day	Fee
<b>Early Learners (ages 2 – 3)</b>		
<input type="checkbox"/> EL 8:30 – 11:30	M/T	\$2800 annual or \$280 per month**
<input type="checkbox"/> EL 8:30 – 11:30	W/TH	\$2800 annual or \$280 per month**
<b>Preschool (ages 3 - 4 years old and independent toileting by Sept 1)</b>		
<input type="checkbox"/> Preschool 8:30 – 11:30	M/T	\$2800 annual or \$280 per month**
<input type="checkbox"/> Preschool 8:30 – 11:30	W/TH	\$2800 annual or \$280 per month**
<b>Pre-Kindergarten (must be 4 by Sept 1 and independent toileting by Sept 1)</b>		
<input type="checkbox"/> Pre-K 8:30 – 11:30	M/T Half Day	\$2600 annual or \$260 per month**
<input type="checkbox"/> Pre-K 8:30 – 3:00	M/T Full Day	\$3100 annual or \$310 per month**
<input type="checkbox"/> Pre-K 8:30 – 11:30	W/TH Half Day	\$2600 annual or \$260 per month**
<input type="checkbox"/> Pre-K 8:30 – 3:00	W/TH Full Day	\$3100 annual or \$310 per month**
<input type="checkbox"/> Pre-K 8:30 – 11:30	M/T/W/TH Half Day	\$5200 annual or \$520 per month**
<input type="checkbox"/> Pre-K Full Day 8:30 – 3:00	M/T/W/TH Full Day	\$6100 annual or \$610 per month**
<b>Kindergarten – 8<sup>th</sup> Grade (Kindergarteners must be 5 by September 1<sup>st</sup>)</b>		
*Monday thru Friday 8:15am - 2:45pm (Kinder releases at 2:30pm)		\$9000 annual or \$900 per month**
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> 1st Grade	<input type="checkbox"/> 2nd Grade
<input type="checkbox"/> 3rd Grade	<input type="checkbox"/> 4th Grade	<input type="checkbox"/> 5th Grade
<input type="checkbox"/> 6th Grade	<input type="checkbox"/> 7th Grade	<input type="checkbox"/> 8th Grade

\*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 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 2026-2027

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!

Student's Name: \_\_\_\_\_ Student'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: \_\_\_\_\_

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

<b>Child's Name:</b>	<b>Date Enrolled:</b>	<b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female
<b>Home Address:</b>		
<b>Date of Birth:</b>	<b>Date Disenrolled:</b>	<b>Updated:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address:</b>
<b>Phone:</b>	<b>Email Address:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address:</b>
<b>Phone:</b>	<b>Email Address:</b>

**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 and R9-5-716, at least two contact persons are required.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

**If Medical care is necessary, call:**

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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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.**

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

<b>Name(s):</b>
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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:

<https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#schools-home> 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**

<p>Is child allergic to food, other substances, or needs a modified diet? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided or modified, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>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</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

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:



## 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.)



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 \_\_\_\_\_

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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)



**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