

Creo School
2019 -2020
RETURNING STUDENT ENROLLMENT CHECKLIST

- Enrollment Application and Agreement, completed with all initials and signatures
- \$200 registration fee per child – Payable by cash, check, or FACTS
- Completed Emergency Information and Immunization Record Form
- Signed Parent Handbook Agreement
- Update SIS Modules in SchoolCues
- Copy of current Immunization Record (if updated copy is not on file already)

Creo School
2019 -2020
NEW STUDENT ENROLLMENT CHECKLIST

- Enrollment Application and Agreement, completed with all initials and signatures
- \$200 registration fee and \$500 tuition deposit – Payable by cash, check or FACTS
- Completed Emergency Information and Immunization Record Form
- Signed Parent Handbook Agreement
- Completed SIS Modules in SchoolCues
- Copy of current Immunization Record
- Copy of Birth Certificate
- Completed Records Request (new elementary students only)



A Montessori Community

ENROLLMENT APPLICATION
TWELVE-MONTH - ALL YEAR PROGRAM
JULY 1, 2019 TO JUNE 30, 2020

SELECT DESIRED PROGRAM AND LEVEL:

___ *All Day - 7:30am-5:30pm*

___ *Toddler (16 mo - 3 yrs)*

___ *Children's House (3 yrs - 6 yrs)*

___ *Elementary (6 yrs & older)*

Select one:

Returning Student

Sibling

NEW Student - *Previous School Attended:* _____

STUDENT INFORMATION

Student Full Name: _____ Male Female

Date of Birth: _____ Age as of 9/1/2019: _____ Place of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

PARENT/GUARDIAN INFORMATION

Select One: *Married* *Living Together* *Separated* *Divorced* *Single*

Full Name: _____ Mother Father Guardian

Address: _____ City: _____ State: _____ Zip: _____

Home: _____ Cell: _____ Work: _____

Email Address: _____

Place of Work: _____

Full Name: _____ Mother Father Guardian

Address: _____ City: _____ State: _____ Zip: _____

Home: _____ Cell: _____ Work: _____

Email Address: _____

Place of Work: _____

For Office Use Only: Start Date: _____ **Classroom:** _____

CREO SCHOOL
ENROLLMENT AGREEMENT
TODDLER, CHILDREN'S HOUSE, AND/OR ELEMENTARY - **ALL DAY/ALL YEAR**

By signing this Enrollment Contract, effective as of the dated set forth below, I/We, _____ (“Parents or Guardians”), the parents or legally appointed Guardian of _____ (“Student”), agree to the following terms and conditions for enrollment of Student in the Creo School Toddler, Children’s House, and/or Elementary Program.

1. Enrollment in the Toddler, Children’s House, or Elementary Program; Term. Parents or Guardians agree that Student shall be enrolled in the Toddler/Children’s House Program for the school year 2019-2020, which begins Monday, July 1, 2019 and ends on Tuesday, June 30, 2020 (hereinafter, the “Term”). Although this Agreement is effective as of the date set forth below, enrollment will not occur until the date this Enrollment Contract has been approved by Creo School.
2. Non-refundable Fees and Deposits. Parents or Guardians agree to pay to Creo School the following non-refundable fees and deposits:
 - a. **Registration Fee:** For new and re-enrolling students, Parents or Guardians agree to pay a \$200 non-refundable annual registration fee. Payment of the Registration Fee is due at time this Enrollment Contract is received by Creo School and does not guarantee Enrollment at Creo School. The registration fee will be billed and ran through FACTS Tuition Management Company for returning families.
 - b. **Tuition Deposit:** For new students, Parents or Guardians agree to pay a Tuition Deposit in the amount of \$500, to be deducted from the total annual tuition as set forth in paragraph 4(a) of this Agreement. The Tuition Deposit is due upon Enrollment of the Student in Creo School’s program.

3. Tuition. Parents or Guardians agree to pay Creo School the following Annual Tuition in consideration for Enrollment of Student in the Creo School program.

- a. **Annual Tuition:** Annual Tuition for the Term set forth in paragraph 1 of this Enrollment Contract is:

	<u>TODDLER</u>	<u>CHILDREN'S HOUSE</u>	<u>ELEMENTARY</u>
All Day	_____ \$15,600	_____ \$15,000	_____ \$17,400

- b. **Payment:** Parents or Guardians are required to enroll in the FACTS Tuition Management System as a condition of enrollment in the program(s). _____ (initials)
- c. **Tuition Discount:** (a) if the Annual Tuition is paid in full directly to Creo School by Monday, July 1, 2019, Annual Tuition for the Term will be \$250 less then tuition stated above. If Student withdraws or is disenrolled by Creo School from Creo School’s Programs prior to the end of the 2019-2020 school year, the tuition payment will be refunded, less the discounted portion. (b) If the student has a sibling, a 5% sibling discount will be applied to the second and each remaining enrolled sibling. The first sibling will have no sibling discount applied.

4. Early Withdrawal or Creo School’s Termination of this Enrollment Contract.

- a. **Return of Fees and Deposits:** Parents or Guardians agree and understand that the Registration Fee is non-refundable and will not be returned for any reason. Parents or Guardians further understand and agree the Tuition Deposit will only be refundable at the Student’s last year of enrollment at Creo School after the completion of their agreed upon enrollment agreement. The tuition deposit will roll over each year until such time. If the Student withdraws early or is disenrolled by Creo School from Creo School’s Programs prior to the end of any school year, the Tuition Deposit will not be returned or applied to monthly tuition, thus forfeited.
- b. **Tuition Payments:** Parents or Guardians agree and understand all tuition payments will be processed through FACTS Tuition Management Company.
 - i. Early Withdrawal of the Student from Creo School’s Programs will be effective (a) 30 days following Creo School’s administration’s receipt of written notice of Student’s intent to withdrawal or (b) the date of withdrawal, whichever occurs later. Payment of the last month’s Monthly Tuition Payment will run as normally scheduled if it falls within the 30 days of notice.
 - ii. Creo School reserves the right to terminate this Enrollment Contract and disenroll Student from Creo School Programs with or without notice for any reason. Parents or Guardians agree and understand that termination of this Enrollment Contract and disenrollment of Student from Creo School Programs does not change the refund provisions set forth in this paragraph 4 of this Enrollment Contract.
- c. Any outstanding balance, to include any current or past due amounts and/or the last months tuition due from

notice. By initialing, you understand that this billing would be outside the normal payment schedule and will be applied by the school administration _____ (initials)

5. General Terms and Conditions.

- a. **Late Pick-Up Fee:** A \$3.00 per minute per child fee will be charged to FACTS Tuition Management Company beginning at 5:31pm. **Excessive "late pick ups" may jeopardize your child's enrollment.** _____ (initials)
- b. **Illnesses and Vacations:** Creo School does not give refunds for days Student is absent due to illnesses, vacations or other personal reasons.
- c. **Class is closed:** July 4-5; July 31 (half day); August 1-9; September 2; September 26 (half day); September 27; November 11; November 27-29; December 19 (half day); December 20; December 24-26; December 31-January 1, 2020; April 10; May 21 (half day); May 22-26. _____ (initials)
- d. Returned checks or declines charges will require a reprocessing fee as determined by FACTS Tuition Management Company.
- e. Creo School reserves the right to adopt/amend rules and regulations as deemed necessary. The Student and the Parents or Guardians shall comply fully with the rules and regulations as stated or amended in the Student/Parent Handbook.
- f. All students will be accepted on a conditional basis. Parents or Guardians may be asked to withdraw Student if Creo School determines, in its sole discretion, that the program is not meeting Student's needs or that the Student's presence is having an adverse effect on the program.
- g. Should legal action be necessary to enforce the terms of the Enrollment Contract, the prevailing party shall be entitled to reasonable attorney fees, court costs and interest, in addition to any other relief to which such party may be entitled by law. Both Creo School and Parents or Guardians agree that this Enrollment Contract shall be governed by the laws in the State of Arizona without reference to any choice of law provisions.
- h. I/we understand that any special education evaluations, testing, and/or subsequent services, including but not limited to speech therapy, occupational therapy, or any special educational services, are additional to and not included in the cost of tuition, and will be an added expense for me as the Parent/Guardian if initiated by myself or by Creo School.
- i. I/we understand and agree that it is my/our responsibility to keep the Emergency Information Card current. In addition, I/we am/are responsible to collect my/our child/children within 45 minutes of contact from the school in case of illness, or any other reason the child/children needs to be collected. _____ (initials)
- j. I/we understand that if I am a returning family re-enrolling, my registration fee will be entered and processed through FACTS. _____ (initials)

By signing below, I/We acknowledge enrollment and accept full financial responsibility as required by this contract.

This Enrollment Contract is agreed and entered into this _____ day of _____, 20_____
(the "Effective Date") by:

Parent or Guardian Signature _____

Parent or Guardian Signature _____

Both parent/guardian signatures required unless legal documents provided

OFFICE USE ONLY:
REVIEWED AND ACCEPTED BY: _____
Staff initials and 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:
------------------------------	--------------	----------------------------------

*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:	
---	--

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:
-------------------------------	--------------	-------

Dear Students and Parents:

We recommend that you print and keep a copy of our Parent/Student Handbook and keep a copy for your records. If you are unable to print a copy, you may request a copy from the Front Office.

It is very important to carefully read and understand the Parent/Student Handbook.

Please sign the Parent/Student Agreement below and return this form to the front office before the first day of attendance. This form will become part of your child's school records.

PARENT/STUDENT AGREEMENT

Student's Name: _____
(Please print)

I have reviewed a copy of the 2019-2020 Parent/Student Handbook and agree to abide by the terms and conditions stated within.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____