# 2024/2025 Registration Packet



Registration begins now!

# To register you will need the following:

- 1. Completed Registration Application for 2024/2025 School Year
- 2. Completed ADHS Emergency Information Card
- 3. Updated Immunization Record from your child's physician
- 4. Registration Fee \$200.00 (per application)
  - \*\*This non-refundable Registration Fee will be charged each year your child is enrolled.
- 5. Security Deposit \$200.00 (per family)
  - \*\*The security deposit will continuously roll over from year to year until the last month of enrollment, when you should receive the full amount back as a tuition credit. It is also refundable with a 30-day notice of withdrawal.

# **Registration Process:**

- Registration paperwork and fees (listed above) may be submitted as early as November for the following school year, beginning in August.
- Pre-registration applications prior to February 1, 2024 must be turned in at the school office in-person with all payments paid upfront.
- Upon receipt of ALL the necessary paperwork (listed above) and fees, applications will be numbered indicating the order in which the application was received.
- First month's tuition is due August 1, 2024, or the 1<sup>st</sup> day of the month in which your child is starting school.

# **Registration Timeline:**

| November 1, 2023 | Accepting ALL applications for 2024/2025 school year                         |
|------------------|--|
| January 31, 2024 | Final Day of priority application enrollment – current and previous families |
| February 1, 2024 | Enrollment confirmations sent to priority applicants                         |
| February 1, 2024 | Open enrollment placement begins   |
| February 9, 2024 | Enrollment confirmations sent to open enrollment applicants                  |

For ALL questions/changes/requests please email registration@newcovenantaz.org



### New Covenant Lutheran School

# PRESCHOOL PROGRAM OPTIONS 2024/2025 ACADEMIC YEAR

#### Half Day Program

9:00 am - 12:30 pm

The half day program offers 3 ½ hours of common core based early learning curriculum. During this time, students will be exposed and introduced to academics through a variety of age appropriate lessons. Teachers at New Covenant are continuously measuring individual knowledge, skills and behaviors that are most predictive of school success. Language and Literacy, Math and Science, Music and Movement, Social Studies and Art are all taught through a variety of hands-on academic lessons and modalities. Spanish, Bible and Chapel are also included in the weekly schedule. The daily schedule in each classroom provides opportunities for center-based learning and free-play in order to encourage social and behavioral interaction and enhance gross motor skills, coordination, independence and problem-solving skills. The children will finish each day with lunch. Lunch is a very important time for the children to grow socially and behaviorally. During lunch, teachers assist in the implementation of good table manners and promote good food choices. The half day program dismisses after lunch and second recess.

#### Full Day Program

9:00 am - 3:00 pm

Immediately following the lunch/recess period and morning dismissal, the full day students will continue their learning adventure! These students first participate in a short rest and relaxation period. We believe that a balanced combination of proper exercise, nutrition and rest are fundamental points in a young child's day. The afternoon schedule includes additional lessons in music and movement, language & literacy, science, mathematics and Spanish. The full day students benefit from the opportunity to expand on the curriculum themes that they are being taught during the morning hours while collaborating with students from other classes, as well as being exposed to alternative instruction styles. The full day program will provide your child with the most well-rounded early childhood education, in order to prepare them for standards and expectations in the coming years of school.

\*All students are permitted to nap in the nap room, should the parents request it. We also have an awake room available for children older than 2 years of age (and fully potty-trained), should you prefer that your child not participate in the nap period. Our 2-year-old students are all required to nap, unless fully potty-trained and out of diapers. Please make sure to discuss napping options and choices with our office staff and teaching team at the start of the school year, so that we may ensure that we are aware of your wishes, and we can communicate our abilities in response to those wishes. Thank you.

## **Monthly Program Tuition**

|                    | 2 Days | \$413 |                   | 2 Days | \$524  |
|--------------------|--------|-------|-------------------|--------|--------|
| Half Day           | 3 Days | \$553 | Full Day          | 3 Days | \$741  |
| 9:00 am – 12:30 pm | 4 Days | \$694 | 9:00 am – 3:00 pm | 4 Days | \$965  |
|                    | 5 Days | \$847 |                   | 5 Days | \$1107 |

\*All accounts will be charged a monthly security assessment fee (\$30/family) in addition to the monthly tuition

- Flexible schedules are available
- All fees are subject to change
- Charges to accounts can be added at anytime during the school year
- Families are responsible for all charges on their account, despite timing or delay of posting charges to the account (i.e. extended care, added days, yearbook purchases, etc.)
- Please contact the office for prices not listed



### New Covenant Lutheran School

# KINDERGARTEN PROGRAM 2024/2025 ACADEMIC YEAR

## Kindergarten Program

9:00 am - 3:00 pm

The Kindergarten program at New Covenant Lutheran School is a full day state-regulated and licensed kindergarten program. Each day, the children will be exposed to the necessary skill sets and requirements to prepare them for the next phase of their primary education years. The Kindergarten students will be taught in alignment with the age/level appropriate common core state standards. In addition to the Arizona State Board of Education based academic standards, our kindergarten students are offered a variety of special enrichment classes throughout the week. The following is a guideline of the frequency and type of special classes in which they will be offered:

## **Specials Classes**

| Bible              | 2 days/week |
|--------------------|-------------|
| Chapel             | 1 day/week  |
| Music              | 1 day/week  |
| Physical Education | 2 days/week |
| Spanish            | 2 days/week |

# Kindergarten Tuition

| Monthly | Annual   |
|---------|----------|
| Rate    | Rate     |
| \$1,124 | \$11,240 |

\*All accounts will be charged a monthly security assessment fee (\$30/family) in addition to the monthly tuition

- All fees are subject to change
- Charges to accounts can be added at any time during the school year
- Families are responsible for all charges on their account, despite timing or delay of posting charges to the account (i.e. extended care, added days, yearbook purchases, etc.)
- Please contact the office for prices not listed

#### **NOTES**

- ✓ Eligible kindergarten students are those who have successfully completed a prekindergarten program and will be turning 5 years old before December 31<sup>st</sup>, 2024.
- ✓ Students eat lunch with their teachers and classmates every day.
- ✓ Tuition rates are determined on an annual basis. Holidays and breaks are considered, and the annual rate is then divided by 10 months.
- ✓ The New Covenant Lutheran School Calendar will follow the Scottsdale Unified School District Calendar for 2024/2025, with the exception of early release days. New Covenant Lutheran School will not follow the early release day of the Scottsdale Unified School District calendar. We will remain open all day unless noted on our school calendar for our designated early release days.
- ALL KINDERGARTEN STUDENTS are eligible for consideration of scholarship funding through multiple school tuition organizations, such as Arizona Christian School Tuition Organization (ACSTO). We encourage you to review the attached list of school tuition options and apply. Please contact Tricia, our Financial Manager, at ncschooloffice@newcovenantaz.org with questions and be sure to also inform her when you have applied for the various scholarships.

#### **EXTENDED CARE**

Early Care/After Care: We have early care options available as early as 7:00am drop off and as late as 6:00pm pick-up. Extended care rate is \$15 per hour. Extended care contracts are available for those with consistent extended care schedules (days & hours) at a discounted rate of \$13 per hour. These charges are included in your monthly tuition. Kindergarten students will receive complimentary extended care. In order to utilize extended care, students/families must sign-up on the enrollment application or in the office, as to ensure the necessary teacher/student ratios are in place.



| Office use only- | Application #: |  |
|------------------|----------------|--|
| Staff Initials:  | Date:          |  |

# New Covenant Lutheran School - Registration Application - Academic Year 2024/2025

| STUDENT  |                                 |                         |  |  |
|--|---------------------------------|-------------------------|--|--|
| Last Name:   | First Name:                     | Middle<br>Name/Initial: |  |  |
| Sex:  Male Female  | Date of Birth (Month/Day/Year): |                         |  |  |
| Date of Enrollment:  |                                 |                         |  |  |
| ALLERGIES / MEDICATIONS:   |                                 |                         |  |  |
| By signing below I acknowledge that to avoid late fees, and that 3 month withdrawal. |                                 | result in               |  |  |
| By signing below I acknowledge that vaccines as required by state.                   |                                 |                         |  |  |
| ↓PLEASE PRINT ALL REQUIRED CONTACT INFORMATION CLEARY↓                               |                                 |                         |  |  |
| PARENT/GUARDIAN IN   | FORMATION                       |                         |  |  |
| MOTHER (PRIMARY GUARDIAN)  | FATHER (SECONDARY GUA           | ARDIAN)                 |  |  |
| Last Name:   | Last Name:                      |                         |  |  |
| First Name:  | First Name:                     |                         |  |  |
| Relation: Relation:  |                                 |                         |  |  |
| Address:   | Address (if different):         |                         |  |  |
|  |                                 |                         |  |  |
| Phone (Mobile):  | Phone (Mobile):                 |                         |  |  |
| Cell Phone Carrier:  | Cell Phone Carrier:             | ,                       |  |  |
| (For text message updates)   | (For text message upda          | ites)                   |  |  |
| Phone Home:  | Phone Home:                     |                         |  |  |
| Phone Work:  | Phone Work:                     |                         |  |  |
| Email:   | Email:                          |                         |  |  |

| PRIOR SCHOOL(S) & YEAR(S) ATTENDED:  |  |
|--------------------------------------|--|
| BRING-A-FRIEND REFERRAL-REFERRED BY: |  |

Referrals are the highest compliment and greatly appreciated!

By signing below, I hereby acknowledge that ALL the above information is true and correct. I will not hold NCLS accountable for mistakes made by me on my registration application.

| Primary Guardian Signature* (required):   | Date signed: |
|---|--------------|
| Secondary Guardian Signature* (required): | Date signed: |

Please inform the Director of all legal agreements or decrees that state parenting time, decision-making, custody and financial parameters in which we should be aware of. We also ask that you inform us of any and all individuals who MAY NOT pick-up your child.

# STUDENT SCHEDULE PREFERENCE

Please indicate your schedule **request** by placing an "X" in the appropriate boxes

| Please indicate your scriedule request by placing an 'A' in the appropriate boxes |             |             |        |         |           |          |        |
|---|-------------|-------------|--------|---------|-----------|----------|--------|
|   | Half<br>Day | Full<br>Day | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| 2 Days  |             |             |        |         |           |          |        |
| 3 Days  |             |             |        |         |           |          |        |
| 4 Days  |             |             |        |         |           |          |        |
| 5 Days  |             |             |        |         |           |          |        |
| Kindergarten  |             |             |        |         |           |          |        |

<sup>\*</sup>Schedule requests are NOT guaranteed. We will always do our best to accommodate the needs of each individual family and student.

## **EXTENDED CARE NEEDS**

Please indicate your monthly extended care needs by placing an "X" in the appropriate boxes

|           | Before School Care            |  | After School Care |                                 |  |
|-----------|-------------------------------|--|-------------------|---------------------------------|--|
|           | 7:00 – 8:00 am 8:00 – 9:00 am |  | 3:00 – 4:00 pm    | om 4:00 – 5:00 pm 5:00 – 6:00 p |  |
| MONDAY    |                               |  |                   |                                 |  |
| TUESDAY   |                               |  |                   |                                 |  |
| WEDNESDAY |                               |  |                   |                                 |  |
| THURSDAY  |                               |  |                   |                                 |  |
| FRIDAY    |                               |  |                   |                                 |  |



# **New Covenant Optional Donations**

| SCHOLARSHIP FUND:  |   |  |  |  |
|--|---|--|--|--|
| I WOULD LIKE TO MAKE A DONATION TO THE <b>"ROBOT MAN" SCHOLARSHIP FUND</b> FOR PRESCHOOLERS IN NEED. THIS SCHOLARSHIP IS IN LOVING MEMORY OF MIKE WALTER, A LONGTIME SUPPORTER OF NEW COVENANT AND ALL THIS SCHOOL STANDS FOR. |   |  |  |  |
| \$10 \$25 \$5  | O OTHER                                   |  |  |  |
| ANY AMOUNT IS GREATLY APPRECIATED TO HELP SUPPOR<br>NEW COVENANT PRESCHOOL AND KINDERGARTEN IS A M<br>WE RELY HEAVILY ON COMMUNITY SUPPORT AND DO  | MINISTRY OF NEW COVENANT LUTHERAN CHURCH. |  |  |  |
| GENERAL FUND:  |   |  |  |  |
| I WOULD LIKE TO MAKE A <b>ONE TIME</b> DONATION TO TH  | E SCHOOL AND/OR CHURCH IN THE AMOUNT OF:  |  |  |  |
| SCHOOL \$  | CHURCH \$                                 |  |  |  |
| I WOULD LIKE TO MAKE A <b>MONTHLY</b> PLEDGE TO THE  | SCHOOL AND/OR CHURCH IN THE AMOUNT OF:    |  |  |  |
| ☐ SCHOOL \$  | ☐ CHURCH \$                               |  |  |  |
| ANY OF THE ABOVE DONATIONS YOU HAVE CHECKE<br>WE GREATLY APPRECIATE YOU  |   |  |  |  |

PRINTED NAME: \_\_\_\_\_

SIGNATURE:



Please completely fill out the attached form:

# The ADHS Emergency, Information and Immunization Record Card

This is a <u>state-regulated form</u> and without all the information, your child will not be permitted to attend class. Please be sure to <u>sign and date</u> the form in the highlighted sections and include <u>at least 2 non-primary</u> <u>parent/guardian emergency contacts</u>. Incomplete forms will not be accepted as ADHS requires this form to be on file for each student.

Your understanding and compliance are GREATLY appreciated!



| CDC/SGH# or name:    |  |
|----------------------|--|
| CDC/SCIP# OF Harrie. |  |

# 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   |   | Date Disenrolled:         |                                   |  |  |  |
| Home Phone:   | Date of Birth:  |                           | Sex:                              |  |  |  |
| L   |   |                           |                                   |  |  |  |
| Parent or Guardian Name:  | Home Address (#, Street, City, State, Zip Code):                          |                           |                                   |  |  |  |
| Cell Phone (optional):  | Contact Telephone Number:   |                           |                                   |  |  |  |
|   |   |                           |                                   |  |  |  |
| Parent or Guardian Name:  | Parent or Guardian Name: Home Address (#, Street, City, State, Zip Code): |                           |                                   |  |  |  |
| Cell Phone (optional): Contact Telephone Number:  |   |                           |                                   |  |  |  |
| I authorize the following individuals to c  |   | in case of emerg          | ency 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:   |   | -I                        |                                   |  |  |  |
| Health Care Provider*   |   | Contact Telepho           | one Number:                       |  |  |  |
| *A Health Care Provider is a physic   | zian, physician assistant or re   | gistered 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:  |   |                           |                                   |  |  |  |
| 1 10 quest that this marriadal be canca mist.   |   |                           |                                   |  |  |  |
| 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: <a href="https://www.azdhs.gov/phs/immun/index.htm">www.azdhs.gov/phs/immun/index.htm</a> or contact the Arizona Immunization Program Office at (602)364-3630.

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

| Copy of current offici   | al documented immuniza    | tion record atta | ached         |             |  |
|--|---------------------------|------------------|---------------|-------------|--|
| Religious Beliefs exemption form signed by parent/guardian attached  |                           |                  |               |             |  |
| Medical Exemption for  | orm signed by physician a | and parent/guar  | dian attached |             |  |
| Signed Laboratory Pro  | oof of Immunity form atta | ached            |               |             |  |
|  |                           |                  |               |             |  |
| Notification of immunizations needed sent to Parent(s) or Guardian(s): mo /day/ yr mo /day/ yr 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?  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?   No Yes  If yes, list precautions:   |                           |                  |               |             |  |
| Is child subject to convulsions and what should be our procedure if one occurs?  No Yes  If yes, specify procedure:  |                           |                  |               |             |  |
| Is there any physical condition that we should be aware of and what precautions should No Yes be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)?  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:         |             |  |

# SCHOOL TUITION ORGANIZATION OPTIONS



|    | STO  | Website                  | Phone        | Special Info & Notes   |
|----|--|--------------------------|--------------|--|
| 1  | Arizona Christian<br>School Tuition<br>Organization<br>(ACSTO)         | www.acsto.org            | 480-820-0403 | Applications available at the beginning of February for the following year   |
| 2  | Arizona Education<br>and Scholarship<br>Opportunity Program<br>(AESOP) | www.aesopkids.org        | 480-315-8263 | Accepting scholarships all year round  |
| 3  | AZ 4 Education   | www.az4education.org     | 480-478-0624 |  |
| 4  | Arizona Leadership<br>Foundation                                       | www.arizonaleader.org    | 602-525-7355 | Applications available mid-April for the following year  |
| 5  | Arizona Private School<br>Tuition Organization<br>(APSTO)              | www.apsto.org            | 602-919-1010 | Contact Karen Bandolini<br>480-256-1001 ext.2  |
| 6  | Arizona Tax Credit   | www.aztxcr.org           | 480-939-2131 | Applications available mid-March for the following year  |
| 7  | Cochise Christian<br>School Tuition<br>Organization                    | www.ccsto.org            | 520-456-4961 | Applications available at the end of April for the following year  |
| 8  | Lutheran Education<br>Foundation                                       | www.lefsto.com           | 602-864-9197 | Applications accepted for the following school year through May 1  |
| 9  | Institute for Better<br>Education (IBE)                                | www.ibescholarships.org  | 520-512-5438 | Available for K-12 and disabled and displaced preschoolers – Applications available January for the following year |
| 10 | School Choice<br>Arizona   | www.schoolchoicearizona. | 480-722-7502 | Applications available at the beginning of March for the following year  |
| 11 | Tuition Organization for Private Schools (TOPS)                        | www.topsforkids.com      | 480-414-8677 |  |

| Date turned | in: |  |
|-------------|-----|--|
|             |     |  |



# **Complete Application Checklist:**

Please review the below checklist for the required forms per child before returning to the office. Incomplete applications will not be accepted as it is required by state to complete all forms with every new enrollment year before the first day of school.

Completed Registration Application for 2024/2025 School Year
Completed ADHS Emergency Information Card
Updated (and state mandated!) Immunization Record from your child's physician
Registration Fee per child (check/cash/credit card) - \$200.00
Security Deposit per family (check/cash/credit card) - \$200.00

\*\*The security deposit will continuously roll over from year to year until the last month of enrollment, when you should receive the full amount back as a tuition credit. It is also refundable with a 30-day notice of withdrawal.

# **Enrollment Timeline:**

- November 1<sup>st</sup>, 2023 Accepting ALL applications for 2024/2025 school year
- January 31<sup>st</sup>, 2024 Final Day of priority application enrollment for current and previous families
- February 1<sup>st</sup>, 2024 Enrollment confirmations sent to priority applicants
- February 1<sup>st</sup>, 2024 Open enrollment placement begins
- July 31<sup>st</sup>, 2024 Classroom placement will be announced for the 2024/2025 school year

If you have any questions, changes to schedules or other requests please email registration@newcovenantaz.org.

<sup>\*\*</sup>The non-refundable Registration Fee will be charged each year your child is enrolled.

<sup>\*\*</sup>Please know that there are many factors that we take into consideration when placing children in classrooms. We appreciate your understanding in the application process!

<sup>\*\*</sup>Only <u>completed</u> applications with payments in full will be placed in the registration line-up in the order in which applications are returned to the office.