

2025/2026  
Registration Packet



Registration begins now!

## To register you will need the following:

1. Completed Registration Application for 2025/2026 School Year
2. Completed ADHS Emergency Information Card
3. Updated Immunization Record from your child's physician
4. **Registration Fee - \$250.00** (per application)  
\*\*This non-refundable Registration Fee will be charged each year your child is enrolled.
5. **Security Deposit - \$150.00** (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, 2025 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.
- The first month's tuition is due August 1, 2025, or the 1<sup>st</sup> day of the month in which your child is starting school.

## Registration Timeline:

November 7, 2024	Accepting ALL applications for 2025/2026 school year
January 31, 2025	Final Day of priority application enrollment – current and previous families
February 3, 2025	Enrollment confirmations sent to priority applicants
February 3, 2025	Open enrollment placement begins
February 14, 2025	Enrollment confirmations sent to open enrollment applicants

For ALL questions/changes/requests please email:

[registration@newcovenantaz.org](mailto:registration@newcovenantaz.org)

### SCHOOL YEAR CALENDAR

- New Covenant Lutheran School will follow the Scottsdale Unified School District Calendar for 2025/2026, 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** school-specific designated early release days.
- We are a school and not a daycare center. For this reason, we follow the traditional school year calendar, observing all national holidays, as well as recess for Fall Break, Christmas/Winter Break, and Spring Break.
- The 2025/2026 school year begins on August 6, 2025, and commences on May 21, 2026.

### TUITION

- Tuition rates are determined on an annual basis. Holidays and breaks are considered, and the annual rate is then divided into 10 months. Make-up days are not offered and adding days may be an option, on a case-by-case basis, dependent on classroom availability on that particular day. Please speak contact the school office with questions.
- Refunds are not given for schedule changes that are made mid-month.
- Tuition fees maybe be paid via personal check, ACH payment deduction from bank account, cash, or credit card (with a 5% surcharge).

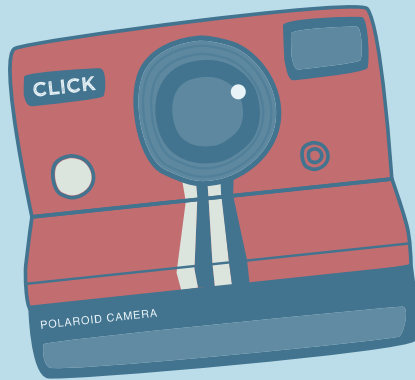
### KINDERGARTEN

- ✓ Eligible kindergarten students are those who have successfully completed a pre-kindergarten program and will be turning 5 years old before December 31<sup>st</sup>, 2025.
- ✓ **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](mailto:ncschooloffice@newcovenantaz.org) with questions and be sure to also inform her when you have applied for the various scholarships.*

### INCLUSIONS WITH ENROLLMENT

- All families will receive 4 complimentary “Parent Survival Nights” throughout the school year, allowing complimentary drop-off care for the NCLS student (additional children may attend for a fee), for a 3-hour timeframe. Dates will be announced at the beginning of the school year.
- Each enrolled student will receive a complimentary children’s bible at the beginning of the school year.
- Each enrolled child will receive a complimentary yearbook at the end of the school year. Please see the following page for information on our yearbook sponsorship opportunities and Parent Pride Pages.

# ★ YEARBOOK ★



## *Sponsorship Opportunities*

NCLS is a small school that works in the community with our families and local businesses to provide incredible, faith-based, early childhood education. We would love to include your business or family in our yearbook sponsorship program! If you are interested in participating and being featured as a yearbook sponsor, please select your level below and we will add this amount to your account and contact you to discuss your advertisement, when we begin to design the yearbook!

- |                          |                     |                          |                     |                          |                   |
|--------------------------|---------------------|--------------------------|---------------------|--------------------------|-------------------|
| <input type="checkbox"/> | <b>BRONZE LEVEL</b> | <input type="checkbox"/> | <b>SILVER LEVEL</b> | <input type="checkbox"/> | <b>GOLD LEVEL</b> |
|                          | <b>QUARTER PAGE</b> |                          | <b>HALF PAGE</b>    |                          | <b>FULL PAGE</b>  |
|                          | <b>\$50</b>         |                          | <b>\$100</b>        |                          | <b>\$150</b>      |

## *Parent Pride Pages*

Show your pride for your child in the yearbook with a dedicated post from you! They will be able to look back and see your kind words for them for many years to come!

- |                          |                     |                          |                  |                          |                  |
|--------------------------|---------------------|--------------------------|------------------|--------------------------|------------------|
| <input type="checkbox"/> | <b>QUARTER PAGE</b> | <input type="checkbox"/> | <b>HALF PAGE</b> | <input type="checkbox"/> | <b>FULL PAGE</b> |
|                          | <b>\$25</b>         |                          | <b>\$50</b>      |                          | <b>\$75</b>      |



## 2025/2026 School Year New Covenant Lutheran School

New Covenant offers half-day and full-day preschool and kindergarten options for children between the ages of 2-6 years old. We are open from 7am to 6pm, allowing for drop-in and contract-based extended care. The schedule flexibility is endless, the love and attention that we provide is unparalleled, and the first educational experience for you and your family is irreplaceable.

### Monthly Program Tuition

	2's	3's	4's	Kinder	
2 Half days	\$513	\$491	\$486		
3 Half days	\$687	\$657	\$651		
4 Half days	\$863	\$825	\$818		
5 Half days	\$1052	\$1007	\$997		
2 Full days		\$623	\$617		
3 Full days		\$872	\$864		
4 Full days		\$1115	\$1105		
5 Full days		\$1268	\$1256	\$1311	
2 Full days (w/nap)	\$651	\$643	\$637		
3 Full days (w/nap)	\$912	\$902	\$894		
4 Full days (w/nap)	\$1167	\$1155	\$1145		
5 Full days (w/nap)	\$1316	\$1313	\$1301		
	2-day Schedule	3-day Schedule	4-day Schedule	5-day Schedule	K
Early care – (7-8:40 am)	\$120/month	\$180/month	\$240/month	\$300/month	Included
After care – (3 – 4 pm)	\$60/month	\$90/month	\$120/month	\$150/month	Included
After care – (3 – 5 pm)	\$115/month	\$170/month	\$225/month	\$280/month	\$150/m
After care – (3 – 6 pm)	\$170/month	\$250/month	\$330/month	\$410/month	\$280/m
Full Extended Care (am & pm)	\$285/month	\$425/month	\$565/month	\$705/month	\$280/m
Hourly Drop-in Rate	\$15/hour	\$15/hour	\$15/hour	\$15/hour	\$15/hour

*\*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 in posting charges to the account (i.e. extended care, added days, yearbook purchases, etc.)
- Please contact the office for prices not listed
- Decreases in schedule with not reflect a tuition credit/refund, when occurring mid-month.

2025/2026 SCHOOL Year

Office use only- Application #: \_\_\_\_\_  
 Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

STUDENT INFORMATION		
Last Name:	First Name:	Middle Name/Initial:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (Month/Day/Year):	
Date of Enrollment:		
<b>ALLERGIES / MEDICATIONS:</b>		
By signing below I acknowledge that I am responsible for all payments to be made on time to avoid late fees, and that 3 months of no tuition payments in full will result in withdrawal. _____ Date: _____		
By signing below I acknowledge that my child will not be enrolled without the forms for vaccines as required by state. _____ Date: _____		

**PLEASE PRINT ALL REQUIRED CONTACT INFORMATION CLEARLY**

PARENT/GUARDIAN INFORMATION	
MOTHER (PRIMARY GUARDIAN)	FATHER (SECONDARY GUARDIAN)
Last Name:	Last Name:
First Name:	First Name:
Relation:	Relation:
Address:	Address (if different):
Phone (Mobile):	Phone (Mobile):
Phone Home: Phone Work:	Phone Home: Phone Work:
Email:	Email:
<b>PRIOR SCHOOL(S) &amp; YEAR(S) ATTENDED:</b>	
<b>BRING-A-FRIEND REFERRAL-REFERRED BY:</b>	

♥ 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. *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.*

Primary Guardian Signature* (required):	Date:
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Secondary Guardian Signature* (required):	Date:
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## SCHEDULE REQUEST

	Early care (7-8:40 Drop-off)	Half Day	Full Day	Full Day with Nap	Aftercare (until 4pm)	Aftercare (until 5pm)	Aftercare (until 6pm)
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Kindergarten	<i>Included</i>		<b>X</b>		<i>Included</i>		

\*Schedule requests are NOT guaranteed. We will always do our best to meet the requests and needs of each individual family and student.



## OPTIONAL CONTRIBUTIONS

### **SCHOLARSHIP FUND:**

I WOULD LIKE TO MAKE A DONATION TO THE “ROBOT MAN” SCHOLARSHIP FUND FOR PRESCHOOLERS IN NEED. THIS SCHOLARSHIP IS IN LOVING MEMORY OF MIKE WALTER, A LONGTIME SUPPORTER OF NEW COVENANT LUTHERAN CHURCH AND SCHOOL.

\$10 \_\_\_\_\_ \$25 \_\_\_\_\_ \$50 \_\_\_\_\_ OTHER \_\_\_\_\_

ANY AMOUNT IS GREATLY APPRECIATED TO HELP SUPPORT THE EDUCATIONAL NEEDS OF OUR PRESCHOOLERS! NEW COVENANT LUTHERAN SCHOOL IS A MINISTRY OF NEW COVENANT LUTHERAN CHURCH. WE RELY HEAVILY ON COMMUNITY SUPPORT AND DONATIONS OF TIME AND FINANCIAL RESOURCES.

### **GENERAL FUND:**

I WOULD LIKE TO MAKE A **ONE-TIME** DONATION TO THE SCHOOL AND/OR CHURCH IN THE AMOUNT OF:

SCHOOL \$ \_\_\_\_\_ CHURCH \$ \_\_\_\_\_

I WOULD LIKE TO MAKE A **MONTHLY** PLEDGE TO THE SCHOOL AND/OR CHURCH IN THE AMOUNT OF:

SCHOOL \$ \_\_\_\_\_ CHURCH \$ \_\_\_\_\_

**ANY OF THE ABOVE DONATIONS YOU HAVE CHECKED ABOVE WILL BE ADDED TO YOUR ACCOUNT. WE GREATLY APPRECIATE YOUR GENEROUS SUPPORT!**

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

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



Please completely fill out the attached form:

## The ADHS Emergency, Information and Immunization Record Card

This is a **state-regulated form** and without all the information, your child will not be permitted to attend class. Please be sure to **sign and date** the form in the highlighted sections and include **at least 2 non-primary parent/guardian emergency contacts**. 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: \_\_\_\_\_

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

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

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

[www.azdhs.gov/phs/immun/index.htm](http://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**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, 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:
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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 2025/2026 School Year
- Completed ADHS Emergency Information Card
- Updated (and state mandated!) Immunization Record from your child's physician
- Registration Fee per child - \$250.00
- Security Deposit per family - \$150.00

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

\*\*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 7, 2024 - Accepting ALL applications for 2025/2026 school year
- January 31, 2025 - Final Day of priority application enrollment for current and previous families
- February 1-15, 2025 - Enrollment confirmations sent to priority applicants
- February 1, 2025 - Open enrollment placement begins
- March 7, 2025 – Enrollment confirmations sent to open enrollment applicants
- July 31<sup>st</sup>, 2025 - Classroom placement will be announced for the 2025/2026 school year

\*\*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!

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

If you have any questions, changes to schedules or other requests  
please email [registration@newcovenantaz.org](mailto:registration@newcovenantaz.org).