



Creekside Christian School

2225 E St Patrick Street
Rapid City, SD 57703
Phone: 605.343.2980 Fax: 605.342.0865
Email: info@creeksideeagles.org



NEW ENROLLMENT FORM

SCHOOL YEAR: ____ / ____ **TODAY'S DATE:** _____

STUDENT INFORMATION

Last Name: _____ First Name: _____
 Middle Name: _____ Birthdate: _____
 Gender: Male Female Ethnicity (Optional): _____
 Address: _____ City, ST: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Grade Applying For: Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th
 Name and address of last school attended: _____ Siblings: (Name and Age) _____

 Phone: _____ Fax: _____

PARENT INFORMATION

Mother: Parent Step Guardian
 Has Legal Custody? Yes No
 May Pick Up? Yes No
 Resides with Student? Yes No
 Last Name: _____ First Name: _____
 Address: _____ City, ST: _____ Zip: _____
 (If different than student)
 Home Phone: _____ Cell Phone: _____
 Email Address: _____
 Employer: _____ Occupation: _____ Work Phone: _____

Father: Parent Step Guardian
 Has Legal Custody? Yes No
 May Pick Up? Yes No
 Resides with Student? Yes No
 Last Name: _____ First Name: _____
 Address: _____ City, ST: _____ Zip: _____
 (If different than student)
 Home Phone: _____ Cell Phone: _____
 Email Address: _____
 Employer: _____ Occupation: _____ Work Phone: _____

FOR OFFICE USE ONLY

Date Received: _____ Fee Paid: \$ _____ Website: y n Class List: y n Comments: _____
 Transcript Med. Alert Immunization Form Collected Participation Form Parent Agreement Teacher Reference Pastoral Reference Trial Enrollment
 ACH Tuition Form Pay-in-Full Semester Payment (1 2) Interview Completion Date: _____ Principal's Signature: _____

Revised 8/2019



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FAMILY RELIGIOUS INFORMATION

Name and address of church attending: _____

Are you a member? _____ How long have you been attending? _____

Does your child attend church? _____ If so, how often? _____

Has father accepted Jesus Christ as his personal Savior? _____ mother? _____

Does father agree with the Open Bible Church of Rapid City's statement of faith listed below? _____ mother? _____

Statement of Faith

- ◆ We believe the Bible to be the inspired, the only infallible and the authoritative Word of God (2 Timothy 3:15; 2 Peter 1:21).
- ◆ We believe the Bible to be the inspired, the only infallible and authoritative Word of God (2 Timothy 3:15; 2 Peter 1:21).
- ◆ We believe there is one God eternally existing in three persons, Father, Son, and Holy Spirit (Genesis 1:1; Matthew 28:19; John 10:30).
- ◆ We believe in the deity of our Lord Jesus Christ (John 10:33); His virgin birth (Isaiah 7:14; Matthew 1:23; Luke 1:35); His sinless life (Hebrews 4:15; Corinthians 15:3; Ephesians 1:7; Hebrews 2:9); His miracles (John 5:2-9; John 11); His victorious and atoning sacrifice through His shed blood, in His bodily resurrection (John 11:25; 1Corinthians15:4); His ascension to the right hand of the Father (Mark 16:19); and in His personal return in power and glory (Acts 1:11; Revelation 19:11).
- ◆ We believe that for the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely essential (John 7:37-39; Ephesians 2:8-10; Romans 8:2, 12, 13).
- ◆ We believe the full gospel includes holiness of heart and life, healing for the body and baptism in the Holy Spirit (Isaiah 53:4-5; Acts 2:4;10:44-46; Galatians 5:6-25; James 5:14-16; I Peter 1:15; I Peter 2:24).
- ◆ We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life (John 7:37-39; Act 2:4).
- ◆ We believe in the resurrection of both the saved and the lost: they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation (John 5:28&29).
- ◆ We believe in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9; I Corinthians 12:12 & 13; Galatians 3:26-28).

FAMILY REFERENCE - PASTOR:

Name: _____ Phone Number: _____

Address: _____ City, ST: _____ Zip: _____

STUDENT REFERENCE - CHURCH TEACHER/MENTOR OR SCHOOL TEACHER:

Name: _____ Phone Number: _____

Address: _____ City, ST: _____ Zip: _____

ADDITIONAL FAMILY INFORMATION

1. Are you applying for the admission of all your children of school age? _____ If not, why?

2. Has student ever been dismissed, suspended, or disciplined? _____ If yes, please explain

3. Are there any unusual factors in the student's life (absence of father or mother, grandparents in home, unusual accidents or serious illness, adoption, etc.)? Use additional paper if needed.

4. Why do you wish this child to attend Creekside Christian School? Use additional paper if needed.



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MEDICAL EMERGENCY FORM

Last Name: _____ First Name: _____

Middle Name: _____ Grade: _____

Mother's Name: _____

Primary Phone: _____ Secondary Phone: _____

Father's Name: _____

Primary Phone: _____ Secondary Phone: _____

ADDITIONAL EMERGENCY CONTACTS:

Name	Phone Number	Relationship to Student	May Pick Up	
			Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

CONFIDENTIAL HEALTH HISTORY:

Date of last tetanus shot: _____ Does student require an Epi-Pen? Yes No

Please list any food, drug allergies or additional allergies (i.e. bee stings, latex, seasonal):

Does student have any chronic medical conditions (i.e. asthma, seizures, heart problems)? Yes No

If yes, please explain in detail (Use additional paper if needed):

Is the student prescribed medication? Yes No

If yes, please list all medications and dosages:

NOTE: If a student requires regular medication to be given at school, a separate form must be filled out prior to the first day of school. Please contact school office for this form.

Please indicate which medication we have permission to treat with:

- | | | |
|---|---|--|
| <input type="checkbox"/> Children's Acetaminophen (Tylenol) | <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Tums or Pepto |
| <input type="checkbox"/> Children's Ibuprofen (Advil, Motrin) | <input type="checkbox"/> Ibuprofen (Advil/Motrin) | <input type="checkbox"/> Cough Drops |
| <input type="checkbox"/> Children's Benadryl | <input type="checkbox"/> Benadryl (oral or cream) | <input type="checkbox"/> Other: _____ |

MEDICAL RELEASE:

I, the undersigned, do hereby authorize officials of Creekside Christian School to contact the persons named on this form, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on this form, or parents cannot be contacted or this form has not been completed by the undersigned, Creekside Christian School officials are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of the aforesaid child. I will NOT hold Creekside Christian School financially responsible for the emergency care and/or transportation for said child.

Parent/Guardian Signature: _____ Date: _____



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PARTICIPATION FORM

Last Name: _____ First Name: _____

Birthdate: _____ School Year: _____

1. I, the undersigned, do hereby give my permission for said student to travel to and from and participate in all school-sponsored events, activities, sports, Christian service, field trips, and use of the computer lab.
2. I release Creekside Christian School from liability and/or financial obligation for any injury that may occur during participation in such activities.
3. I understand that any additional fees related to the activity must be paid prior to the event in order for the student to participate.
4. I also understand that I will be held responsible for any damage to or loss of property caused by said student, including equipment owned and issued by Creekside Christian School.
5. I acknowledge that all medical forms on file are current and valid. I will update the school office in the event of any changes.

I have read and fully understand the above agreement and agree to abide by its conditions.

Parent/Guardian Signature: _____ **Date:** _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Signature: _____ **Date:** _____

Home Phone: _____ Cell Phone: _____

**Form valid through school year



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PARENT AGREEMENT

1. I understand that once a child has been enrolled, the registration fees will not be refunded.
2. I agree to cooperate with the staff, teachers, curriculum, and programs at Creekside Christian School (CCS). I understand that communication will take place primarily through e-mail, in addition to letters, fliers, and occasional phone calls. I agree to keep communication with school staff open by promptly responding to all correspondence.
3. I authorize the Principal and the teaching staff of CCS to employ such discipline, as they deem necessary for my child. I understand that in the event of discipline, which might require a suspension, the school will contact me before such action is taken. If, after reasonable effort has been made to discipline my child, and he/she still does not comply with the standards of the school, I agree to withdraw him/her from CCS.
4. I agree to help my child with homework when necessary and cooperate with the high academic standards of the school. I understand it is the goal of CCS to see each child reach his/her maximum potential in academic achievement and to experience consistent, progressive growth in all areas of learning. Therefore, I agree that if my child, through lack of effort and/or through learning difficulties, does not maintain satisfactory progress, it may be necessary to place him/her on academic probation so that I and the school can closely evaluate and monitor his/her effort and progress. If these efforts are unsuccessful, I understand that the student may be required to withdraw from CCS.
5. I promise to encourage obedience to the school rules and to read, support, and uphold the dress code and Parent/Student Handbook used at CCS.
6. I DO NOT give permission for my child's photo to be included in any school publication.
 I DO give permission for my child's photo to be included in any school related publication. (This may include composite class pictures, school website, videos of school productions and activities, Facebook, school blogs, etc.)
7. I give permission for my child's parent contact information to be printed in a class list (available in the school office by request only).
8. I understand that participation slips are on file until your student's graduation date from CCS; if or when an event happens (i.e. field trip) you will be notified by your student's teacher.
9. I acknowledge that all medical forms on file are current and valid. I will update the school office in the event of any changes.
10. I and my child understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give permission for my child to participate in sports/activities.

I have read and fully understand the above agreement and agree to abide by its conditions.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____



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PASTORAL REFERENCE

Applicant Name: _____ Phone Number: _____

Address: _____
Street City State Zip

To be completed by a current minister, pastor, church elder, or youth director.

Comment on the student's Christian commitment, lifestyle, and actions to the best of your knowledge. Please state how often the student attends church or youth events.

Are there family or personal factors, either positive or negative, which might affect the student's success at Creekside Christian School?

Do you recommend this student for enrollment in Creekside Christian School? Please explain.

Name (Please Print): _____

Signature: _____

Address: _____
Street City State Zip

Position: _____ Phone: _____

Name of Church: _____

****PLEASE MAIL TO****

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T-SHIRT ORDER FORM

Last Name: _____ First Name: _____

Grade: Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th

Check the applicable size:

- | | |
|--|--|
| <input type="checkbox"/> Youth Extra Small | <input type="checkbox"/> Adult Small |
| <input type="checkbox"/> Youth Small | <input type="checkbox"/> Adult Medium |
| <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Adult Large |
| <input type="checkbox"/> Youth Large | <input type="checkbox"/> Adult Extra Large |
| <input type="checkbox"/> Youth Extra Large | <input type="checkbox"/> Other (Please Specify): _____ |

I would like to purchase one additional shirt for my child for \$16.00

Parent/Guardian Signature: _____ Date: _____

****Note all students will receive a new shirt every year that they attend Creekside Christian School****



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FINANCIAL INFORMATION

Last Name: _____ First Name: _____

Grade: Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th

Please indicate the method of payment for your student's school tuition.

- Pay In Full (payment due 8/11/2023)
Note: 3% Discount if paid by cash or check. Semester
- Plan (payments due on 8/11/23 & 1/12/24)
- 10-Month Plan (monthly ACH's begin 8/11/23 August - May)
- 11-Month Plan (monthly ACH's begin 6/09/23 June - May)

If you choose the 10-Month or 12-Month Plan, you will receive a separate form requesting information to establish an ACH with your financial institution. All tuition payments are deducted from your bank account on the 2nd Friday of each month. If an account reaches 30 days past due without a written agreement with the school the student is subject to suspension or expulsion until the account is current. If a student chooses to withdraw, the application and book fees are non-refundable. All school fees and accounts must be paid in full before any information, transcripts, report cards or records will be released.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____