



# Creekside Christian School

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



## RE-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).

## 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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## 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:

- Children's Acetaminophen (Tylenol)
- Children's Ibuprofen (Advil, Motrin)
- Children's Benadryl
- Acetaminophen (Tylenol)
- Ibuprofen (Advil/Motrin)
- Benadryl (oral or cream)
- Tums or Pepto
- Cough Drops
- 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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## PARENT AGREEMENT

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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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## T-SHIRT ORDER FORM

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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

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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 5/10/2024)
- 12 Month Plan (monthly ACH's begin 6/09/23 June - May 5/10/2024)

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: \_\_\_\_\_