



Compassion Learning Institute

Registration Form

2026-2027 School Year

School Use Only

Date Received: _____

Registration Fee Paid: Yes No

Registration Status: Approved Pending Denied

Staff Member: _____

Student Information

Student's name (first, last, middle): _____ Date of Birth: _____

Gender: Male Female

Grade in 2026-2027 School Year: _____

Previous grade completed: _____

Student Address: _____ City: _____ State: _____

ZIP: _____ Phone (Home): _____ (Cell): _____

Email Address: _____

Previous School Information (if applicable).

Name Previous School: _____ Phone Number: _____

Address of Previous School: _____ City: _____ State: _____

If you have your child's previous educational transcripts, please attach them to this form.

Parent/Guardian Information

Father's Name: _____ Phone Number: _____

Occupation: _____ Work Phone: _____ Email Address: _____

Address: _____ Same as student

Mothers Name: _____ Phone Number: _____

Occupation: _____ Work Phone: _____ Email Address: _____

Address: _____ Same as student

Do you have any legal guardian or custody arrangements? Y/N

If yes, what arrangements need to be upheld by the school staff and administration?

Please ensure that physical proof of custody arrangements is given to the school administration in order to maintain lawful standards of practice.

Emergency Contact 1 Name: _____

Relationship: _____ Phone Number: _____

Emergency Contact 2 Name: _____

Relationship: _____ Phone Number: _____

Medical Information Does your child have any allergies (food or other) or medical conditions we should be aware of? (Please list any relevant information, including medications and treatment plans.)

Is your child currently taking any medications/supplements? (List below)

Students health care provider: _____ phone: _____

Address of provider: _____

Current Medical Insurance carrier and ID #:

Does your child require any special accommodations or learning support? (Please provide details.)

Photo & Media Release

At Compassion Learning Institute, we celebrate and showcase student achievements through photos and videos in various school-related materials (e.g., newsletters, websites, social media, and yearbooks).

Please review and select your preference regarding photo and media releases.

I give permission for my child's photo, video, and/or artwork to be used by the school for promotional purposes, media, and school publications.

Yes, I give my consent.

No, I do not give my consent.

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

Parent Agreement

By submitting this registration form, I agree to the following: (please initial each)

1. I will be involved in my child's education by communicating with teachers and participating in school events. _____
2. I understand that my child's registration is subject to approval based on availability, and the school has the right to request additional documentation or assessments. _____
3. I agree to abide by the policies and expectations of the school as outlined in the student handbook. _____
4. I understand that tuition is due on the specified dates, and I will work with the school to ensure timely payment. _____

Parent/Guardian Signature: _____ Date: _____

Tuition Information & Payment

If you are using classwallet for your tuition, please make payments to “Compassion Learning Institute AZ.”

A registration fee of \$55 is charged once a year, and is separate from the tuition fee.

Tuition will be due quarterly.

Kindergarten

\$4,800 per year for half-day kindergarten.

Please note that an additional \$80 monthly fee will need to be paid for full day Kindergarten, and will not be covered by ESA funding.

1st-6th Grade

- \$6,400 per year for 1st-6th grade.

Please select your payment plan:

- Quarterly payments through ESA funding.
- Quarterly payments through personal funds.

Please note that a completed registration form, and submitted payment does NOT guarantee your student's enrollment, and all payments are non-refundable.