

Northwest Children's School, LLC.

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New Student: Enrollment Application 2026 – 2027 School Year

September 2026 through June 2027

Child's First Name

Last Name

Date of Birth

\$180 Registration Fee: Scan QR Code to Pay

Use **STUDENT NAME** on payment contact details.

Payment will include a 3% processing fee; total charge will be **\$186**.



Dropbox Upload Link: <https://www.dropbox.com/request/DqvtgGFfG7dpTAH0nFdu>

Please upload as a **PDF file**; images will require originals to complete registration.

Tell us how you heard about us!

Facebook Web Search Macaroni Kid Subscription Referral

Other: Please tell us where? _____

Referral – A fellow 2026/2027 enrolled student referred me! Please apply their \$50 referral credit!

Student Name: _____

STUDENT INFORMATION:

Name: _____ Preferred Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Is English a Second Language YES / NO | If YES, what is their Primary Language? _____

Does your student have allergies or medical concerns? YES / NO *If yes, please explain:* _____

Does your child have an **EPI Pen*** for allergies listed above? YES / NO

**EPI Pens must be kept on site with proper medical documentation. Contact the office for details.*

PARENT INFORMATION:

Mother: _____ Primary Phone: _____

Address (if different from above): _____ State _____ Zip _____

Employer Name & Phone: _____

Father: _____ Primary Phone: _____

Address (if different from above): _____ State _____ Zip _____

Employer Name & Phone: _____

Legal Guardianship: *for students not residing with biological parents; proof of legal guardianship required.*

Legal Guardian: _____ Primary Phone: _____

Address (if different from above): _____ State _____ Zip _____

Employer Name & Phone: _____

PARENTING PLAN/CUSTODY AGREEMENT/NO-CONTACT ORDER:

Indicate below if your family has a court issued parenting plan/custody agreement or any “other” court issued document which restricts visitation of one parent. Copies of these documents will be required prior to the start of the school year. *Please contact our office if you have questions or concerns.*

Parenting Plan/Custody Agreement _____ Other _____

Primary Email: _____

Primary Email: Northwest Children’s School will send communications including enrollment information, school updates, summer announcements, etc.

SIBLING ENROLLMENT: 10% sibling discount applies to the lesser tuition; applies to Preschool & Pre-K age only.

_____ I have a sibling who is also enrolled during the same school year.

Sibling Name: _____ Class: ___ Preschool ___ Pre-K

CONTACT LIST:

In the event of student-related illness, unexpected reasons to send a student home, or emergencies (including bathroom accidents, injuries, or other), please list contacts in ORDER of who we should call, INCLUDING PARENTS.

<u>First & Last Name</u>	<u>Phone</u>	<u>Relationship</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

PICK-UP AUTHORIZATION LIST:

Please list name, number, and relationship for all who are authorized to pick up your student (*excluding parents*). Please note, everyone will be required to bring photo id the first time they pick-up so that we may photocopy for our records as a safety precaution. All persons authorized must be at least 18 years of age.

<u>First & Last Name</u>	<u>Phone</u>	<u>Relationship</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

UNAUTHORIZED CONTACT:

Please list name, number, and relationship for anyone NOT AUTHORIZED to contact us or pick up your student under any circumstances.

<u>First & Last Name</u>	<u>Phone</u>	<u>Relationship</u>
1. _____	_____	_____
2. _____	_____	_____

BILLING

The default payment schedule will begin September 1st - unless otherwise indicated below.

Prior to September 1st, you will receive an email from Intuit/QuickBooks outlining the details of your Recurring Payment Set Up. You will have a limited number of days to accept the payment schedule and enter your payment details. Failure to accept the payment schedule on time may result in a Late Fee. Please ensure nwchildrenschool@gmail.com is on your safe sender list so these emails are not missed.

Billing Email (if different than primary): _____

I would like to change the date of my payment drafts to better line up with my pay cycle. Instead of the 1st, please have my payment deducted on the indicated date below marked with an "X" (please initial below):

Prior to 1st: ___ 20th ___ 21st ___ 22nd ___ 23rd ___ 24th ___ 25th ___ 26th ___ 27th ___ 28th ___ 29th ___ 30th

After 1st: ___ 2nd ___ 3rd ___ 4th ___ 5th

By initializing here, _____, I understand that selecting a date *prior to* the 1st means my first payment will be drafted from my account in the month of August, then each month thereafter on the same date.

Payment Method:

_____ ACH Bank Transfer with a 1% processing fee added to my bill (Preschool = \$2.75/Pre-K = \$8.25)

_____ Debit/Credit Card with a 3% processing fee added to my bill (Preschool = \$3.85/Pre-K = \$11.55)

Split Billing:

We are happy to accommodate split billing between two households or family members. *Only complete this section if you need multiple parties billed.*

Billing Member #1:

Name: _____ Email: _____

Percentage or dollar amount to bill: _____ % or _____ \$ Phone: _____

Billing Member #2:

Name: _____ Email: _____

Percentage or dollar amount to bill: _____ % or _____ \$ Phone: _____

QUESTIONNAIRE:

Answers to these questions help us understand your child (and family) so we can provide support and a nurturing experience for your child while they attend school.

1. What is your child's 3 favorite learning or free-time activities?

a) _____

b) _____

c) _____

2. Does your child have social experience with daycare, preschool, sports, etc.?

____ No ____ Yes If yes, how long and where? _____

3. What areas of development would you like to see your child grow?

____ Social ____ Emotional ____ Academics

4. Is your child in the process of being evaluated for any conditions such as developmental delays, speech, ADHD, Autism, ODD, OCD, etc. or anything else which may have an impact on his/her experience here? Please explain.

5. Is your child attending other school-related or developmental programs? (i.e. ECEAP, Head Start, Speech, Occupational, or Behavioral Therapies, etc.) Please list program and location:

6. Please describe any behavioral or social worries you have. Examples may be trouble expressing or regulating emotions, frustration with change in routine, difficulty transitioning from one task to another, hesitation interacting with peers, experiencing emotional outbursts, etc. *(Please note, this helps us be aware of and tailor classroom experience to each child to the best of our abilities where we can)*

7. Are there any circumstances regarding personal/home life for your child we should know:

CLASS SELECTION

We try our best to accommodate class preferences however, due to enrollment numbers or to balance classroom sizes, we sometimes combine, separate, or add/remove classes. Students are enrolled on a first registered basis – if your first preference is full, we will enroll them in your second preference and notify you.

Please label your choices in order of “1, 2, 3” for preferred class times. If you are only able to enroll in ONE of the available time slots, please note it next to your choice. As many parents are also shuttling elementary age students in the mornings, we understand late arrivals.

Preschool: Age 3 by Sept. 1st, must be fully toilet-trained in the bathroom without assistance, Thursday & Friday classes, \$275 per month, \$180 non-refundable Registration & Supply Fee paid upon registering for class.

_____ Th-Fr 9:00 – 12:00

_____ Th-Fr 9:15 – 12:15

Pre-K: Age 4 by Sept. 1st, must be fully toilet-trained in the bathroom without assistance, classes are Monday/Tuesday/Wednesday, \$385 per month, \$180 non-refundable Registration & Supply Fee paid upon registering for class.

_____ MTW 9:00 – 12:00

_____ MTW 9:15 – 12:15

_____ MTW 9:30 – 12:30

Pre-K 4th Day “Learning Lab”: Available to Pre-K students only, Thursday class, \$110 per month, with a one-time \$50 Supply Fee.

_____ Thursday 9:30 – 12:00

Thursday’s Learning Lab Class

Full STEAM ahead in this innovative, activity-based enrichment program designed to spark curiosity in young minds through immersive hands-on learning. The curriculum spans diverse subjects including geography, agriculture, music, history, and STEAM and more, while fostering critical thinking and creative problem-solving skills.

Students will learn important critical thinking skills through scientific experiments and group discussions, creatively explore the arts with movement, music, & art, build their academic knowledge of numbers using math games and tactile learning, and explore the world we live in.

Learning Lab is available based on interest and will begin in October, based on enrollments. Enrollment of 10 students required for class to remain open; excess enrollments will be waitlisted and contacted by the office. The \$50 Supply Fee is to cover a portion of the specialty alternative materials purchased specifically for this class. Snacks are provided by parents on a rotational basis. This class uses occasional screen time for informational videos as a teaching aid for lessons and fun movement activities. Screen time is limited to 5-10 minutes or less.

I have read the above requirements for the Learning Lab class and wish to enroll my child. Initial _____

CONSENT FOR EMERGENCY & MEDICAL TREATMENT

Child Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Allergies: _____

Current Medications: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Legal Guardian Name: _____ Phone: _____

Student's Doctor: _____ Phone: _____

Dr. Facility Name & Address: _____

As the child's parent and/or legal guardian, I hereby give my consent that my child, _____
(*further referred to as "child"*) may be given emergency treatment by a CPR/First Aid certified staff member employed by Northwest Children's School LLC. I give my consent for my child to be treated on Northwest Children's School LLC's premises by qualified EMT's and/or Emergency Medical Services as dispatched by 911; and to be transported by emergency vehicle services to a necessary health facility for treatment. In the event the child's *Parent(s) or Legal Guardian* as listed on this application cannot be reached by phone, I further consent to any and all care to be performed by a licensed doctor and/or hospital when deemed medically and/or immediately necessary by the doctor or emergency services to safeguard the child's health. I understand that Northwest Children's School LLC is no longer responsible for my child once taken into care by emergency services, a doctor, or medical facility.

Parent Signature (or Legal Guardian)

Date

Turn over for final page with acknowledgements & parent/guardian signature.

ENROLLMENT ACKNOWLEDGEMENTS – PLEASE READ, INITIAL, & SIGN

1. All students must be fully toilet-trained without requiring help using the restroom, and they must be able to self-dress in the event of potty-related accident. We are happy to provide scheduled potty-break reminders during class time. Please call or email us if you have questions or concerns on this topic. **Initials** _____
2. All class times and availability are subject to change based on enrollments. Occasionally, students may be asked to move to a different class time to balance class sizes. **Initials** _____
3. The one-time, non-refundable Registration Fee is due at the time of submitting this application. Enrollment is not guaranteed until both a) the Registration Fee has been paid in full and b) the Enrollment Application is returned. This fee includes additional classroom supplies such as specialty materials for student made gifts, mid-year replacement of markers/crayons/pastels, sensory materials, new manipulatives such as fake snow, playdoh, Orbeez, cloud dough, slime, etc., school-hosted Special Event Days and other non-standard supplies needed throughout the year. **Initials** _____
4. The cost of tuition is based on an Annual Tuition Rate, divided into 10 equal payments for your convenience. Tuition is due monthly regardless of the number of days a student attends school. Refunds or prorated tuition will not be given, for any reason, including but not limited to holiday closures, weather closures, natural disasters, family vacations, illness, or any other reasons. **Initials** _____
5. Tuition payments are due monthly on the 1st. **Initials** _____
6. Electronic payments are required; payment methods are Bank ACH with a 1% processing fee or Debit/Credit Card with a 3% processing fee, added to monthly payments. **Initials** _____
7. Tuition is deemed late if paid after the 5th. A \$25 Late Fee will be due immediately. **Initials** _____
8. Returned bank ACH payments will be charged a \$35 NSF fee due immediately. **Initials** _____
9. If at any time tuition is 30 days past due, my child will not be able to attend class until payment is caught up. Northwest Children’s School LLC will make every effort to notify me of past due status and provide reasonable accommodation to resolve past due payments. **Initial** _____
10. Classes are filled in submission date order of “completed registrations”. Completed registration means BOTH the application is submitted (either in person, via email, or via Dropbox) & the registration fee is paid in full. If after submission, classes are full, I will be notified and the Registration Fee will be refunded. **Initials** _____
11. Classroom snacks are parent-provided on a rotational basis. Students are not permitted to bring their own snacks unless they have medically documented allergies. We suggest “healthy” snack options be provided. Bulk or individually packaged items are acceptable. Homemade goods are not accepted. **Initials** _____
12. ClassDojo is a FREE app used for all communications once the school year begins. It is a secure, restricted access app used for parent-teacher communications - accessible only by registered parents & our staff. At least one parent is required to download and connect to your child’s classroom using the app. **Initials** _____
13. Please add nwchildrenschool@gmail.com to your safe sender list to ensure emails are not sent to junk/spam email folders. **Initials** _____
14. Student’s may be withdrawn from class at any time with 30-days written notice sent to the school email at nwchildrenschool@gmail.com. Notifying your child’s teacher is not acceptable notice. Tuition is still due during the 30-day period after notice is given. **Initials** _____
15. Occasionally screentime may be used in class for special event days throughout the year. Screentime is generally a lesson-themed show/movie/video/activity, typically limited to 15 minutes or less. **Initials** _____
16. I represent I am a recognized natural or legal guardian of the child listed on this application. **Initials** _____

By signing this application, I have read and understand all policies outlined in this application. By submitting this application as part of the registration process, I understand it applies to my child’s enrollment in the 2026-2027 school year **only**.

Signature of Parent or Legal Guardian

Date