

Northwest Children's School

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Summer Camp Application 2024

Registration Fee \$25

_____ / ____ / ____

Child's Last First Nickname Date of Birth

Accepting children turning age 3 by 8/31/24 through turning age 6 by 8/31/24.
(children entering Preschool in September '24 through entering 1st grade in September '24)

- * Half Day applicants must be fully potty trained and able to perform self-care skills.
- * Full Day applicants must turn age 4 by 8/31/24

For Office Use Only

Registration Paid: \$ _____

Weekly Tuition: \$ _____

Date Received: _____

STUDENT INFORMATION: Please complete in its entirety.

Name: _____ Birthday: _____ Age: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____

Allergies and/or Current Medications? **DO NOT LEAVE BLANK** (if yes, please explain): _____

Child Resides With: _____

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

May we include classroom related pictures of your student on our (use Y or N): **FB** ___ **Insta** ___ **Website** ___

Please note - students must be fully toilet-trained without the help of clothing assistance & cleaning.

PARENT INFORMATION:

Mother's Name: _____ **Primary Contact:** YES / NO

Address (if different from above): _____

Cell Phone: _____ Social Security #: _____

Employer & Phone: _____

Father's Name: _____ **Primary Contact:** YES / NO

Address (if different from above): _____

Cell Phone: _____ Social Security #: _____

Employer & Phone: _____

Legal Guardianship Complete only if child does not legally reside with birth parents.

Legal Guardian Name(s): _____ **Primary Contact:** YES / NO

Address (if different from above): _____

Cell Phone: _____ Social Security #: _____

Employer & Phone: _____

PRIMARY EMAIL: _____

NW Children's School will send communications to this email including tuition invoices, school news, important updates, student

IN CASE OF EMERGENCY CALL:

Please list names and phone numbers in **ORDER** of who we should call, INCLUDING PARENTS.

1. _____	Phone: _____
2. _____	Phone: _____
3. _____	Phone: _____
4. _____	Phone: _____
5. _____	Phone: _____

PICK-UP AUTHORIZATION LIST: Please list names, phone number & relationship for all who are authorized to pick-up your student. 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. _____	_____	_____

Signature of parent or legal guardian

Date

CONSENT FOR EMERGENCY TREATMENT

Parents, please fill this out in its entirety. We will refer to this document in an emergency situation.

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 legal guardian, I/We hereby give my/our consent that _____
(further referred to as "child") may be given emergency treatment by a qualified staff member at NW Children's School. I/We give my/our consent for my/our child to be treated on NW Children's School 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 *Mother, Father, or Legal Guardian* as listed above cannot be reached by phone, I/We 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/We understand that NW Children's School is no longer responsible for my/our child once he/she is taken into care by emergency services, a doctor or hospital.

Signature of *Mother (or Legal Guardian #1)*

Date

Signature of *Father (or Legal Guardian #2)*

Date

CLASS SELECTION

Please put an "X" in the box next to **both** the week & either "full" or "half" days you are registering for. Once completed please return the application with your \$25 non-refundable registration fee (per child) to the school office.

Please note: 3-year-old applicants may only participate in half days. We have found full days can be a bit too much for younger participants.

Week 1 – Mon-Thurs July 1 – 4

- Full Days 9am – 3pm; *Tuition \$395/wk*
- Half Days 9am – 12pm; *Tuition \$210/wk*
- Half Days 12pm – 3pm; *Tuition \$210/wk*

Week 2 – Mon-Thurs July 8 – 11

- Full Days 9am – 3pm; *Tuition \$395/wk*
- Half Days 9am – 12pm; *Tuition \$210/wk*
- Half Days 12pm – 3pm; *Tuition \$210/wk*

Week 3 – Mon-Thurs July 15 – 18

- Full Days 9am – 3pm; *Tuition \$395/wk*
- Half Days 9am – 12pm; *Tuition \$210/wk*
- Half Days 12pm – 3pm; *Tuition \$210/wk*

Week 4 – Mon-Thurs July 22 – 25

- Full Days 9am – 3pm; *Tuition \$395/wk*
- Half Days 9am – 12pm; *Tuition \$210/wk*
- Half Days 12pm – 3pm; *Tuition \$210/wk*

Week 5 – Mon-Thurs July 29 – August 1

- Full Days 9am – 3pm; *Tuition \$395/wk*
- Half Days 9am – 12pm; *Tuition \$210/wk*
- Half Days 12pm – 3pm; *Tuition \$210/wk*

Multi-week Discounts

Receive an additional 5% discount per week, for weeks 3-7 with enrollment in either half or full days, after your first 2 weeks of summer camp enrollment.

****Weeks offered will be based on total number of enrollments. To offer camp each week, a minimum enrollment of 5 students for half days or 3 students for full days are required.**

Week 6 – Mon-Thurs Aug 5 – 8

- Full Days 9am – 3pm; *Tuition \$395/wk*
- Half Days 9am – 12pm; *Tuition \$210/wk*
- Half Days 12pm – 3pm; *Tuition \$210/wk*

Week 7 – Mon-Thurs Aug 12 – 15

- Full Days 9am – 3pm; *Tuition \$395/wk*
- Half Days 9am – 12pm; *Tuition \$210/wk*
- Half Days 12pm – 3pm; *Tuition \$210/wk*

Full day participants: please send your child with a lunch & water bottle daily. Please label your child's lunchbox and water bottle.

Half day participants: We recommend sending your child with a water bottle each day to stay in the classroom for the week. Please label your child's water bottle.

ENROLLMENT AGREEMENT

I/We wish to enroll my/our child at NW Children's School Summer Camp program. By submitting this application in its entirety along with the one-time, non-refundable **Registration Fee of \$25.00**, I/We understand it guarantees our student's enrollment in the 2024 Summer Camp program **only**. I/We understand that selected class times are subject to change, but that NW Children's School will do their best to accommodate the selected class times based on student enrollments, staffing, and any other factors which determine class scheduling & enrollments. I/We have filled out the application in its entirety, pages 1 through 6, and believe it to be accurate and true.

Signature of *Parent or Legal Guardian*

Date