

Northwest Children's School, LLC.

3833 168th St NE STE 1, Arlington WA 98223
nwchildrenschool@gmail.com | 360-653-4550



2026 Summer Camp Application

June 29th through August 13th

Early Bird Rates

Register by 6/1/26 and receive a \$20 discount on each session!

Child #1: First Name

Last Name

Date of Birth

Child #2: First Name

Last Name

Date of Birth

\$25 Registration Fee: Per Child, Scan QR Code to Pay

Use **STUDENT NAME** on payment contact details

Payment will include a 3% processing fee; total charge will be \$26



Dropbox Upload Link: <https://www.dropbox.com/request/vQP8jHfUDlcGLiSiHw>

Please upload as a **PDF file**; images will require originals submitted to the office.

Tell us how you heard about us!

Facebook Web Search Referred Macaroni Kid Other: *Please tell us where:* _____

Referral – A fellow 2026 Camp Student referred me! Please apply their \$20 credit! **Student Name:** _____

For Office Use Only

Session: **1** – PT / FT | **2** – PT / FT | **3** – PT / FT | **4** – PT / FT | **5** – PT / FT | **6** – PT / FT | **7** – PT / FT | **8** – PT / FT

Registration Paid: Yes / No

STUDENT INFORMATION:

Child #1: _____ Preferred Name: _____

Child #2: _____ 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 If yes, Child Name: _____

**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 an individual. Copies of these documents will be required prior to the start of camp. *Please contact email us at nwchildrenschool@gmail.com 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.

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

Invoices will be sent to your email 1 week prior to your session. Payments are due on the Friday before your session starts.

Failure to pay your invoice by the due date may result in a \$25 Late Fee. Please be sure to check your spam folder and include nwchildrensschool@gmail.com on your safe sender list so emails are not missed.

Billing Email (if different than primary): _____

Invoice Method:

____ Weekly per session, due on the Friday prior to my child's session

____ Invoice me up front for all sessions at once; payment will be due the Monday of my child's first session

Payment Method:

____ ACH Bank Transfer with a 1% processing fee added to my bill

____ Debit/Credit Card with a 3% processing fee added to my bill

Discounts

Multi-Session Discount: Receive an additional 5% discount off session rates when you enroll in a total of 4 or more sessions. (*discount applies to subsequent sessions after participating in 3 sessions; sessions do not have to be consecutive and apply to either half or full days*).

Sibling Discount: Receive an additional 5% discount on siblings' session rate (*applies to the lesser camp rate*).

Early Bird Discount: Completed application and registration fee must be submitted and paid to receive the discount. Additional sessions added after 6/1/26 will be invoiced at the standard session rates.

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: _____ Phone: _____

Billing Member #2:

Name: _____ Email: _____

Percentage or dollar amount to bill: _____ Phone: _____

CONSENT FOR EMERGENCY & MEDICAL TREATMENT

Child #1 Name: _____ Birthdate: _____

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

Allergies: _____

Current Medications: _____

Child's Doctor Name: _____ Phone: _____

Facility Name & Location: _____

Child #2 Name: _____ Birthdate: _____

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

Allergies: _____

Current Medications: _____

Child's Doctor Name: _____ Phone: _____

Facility Name & Location: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Legal Guardian Name: _____ Phone: _____

As the child's parent and/or legal guardian, I hereby give my consent that my child(ren) listed above (*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

SUNSCREEN AUTHORIZATION / WAIVER FORM

Parent/Guardian permission is required for all sunscreen applications. Sunscreen products are applied to provide protection from the sun's UV rays. Northwest Children's School LLC follows Snohomish County Health Department guidelines regarding sunscreen.

1. Acceptable sunscreens will be broad-spectrum with an SPF of 30 or higher.
2. Sunscreen will be applied at least 20 minutes prior to going outside.
3. Parents are encouraged to send a wide-brimmed hat for added protection outside.
4. Sunscreens will be stored at room temperature and out of reach of children.

Child Info:

Child #1 Name: _____ Date of Birth: _____

Child #2 Name: _____ Date of Birth: _____

Northwest Children's School's approved sunscreen information:

Style: Aerosolized Spray

SPF: 30 or higher

Brand: Up & Up, or similar

Active Ingredient: Zinc Oxide or Titanium Dioxide (mineral-based sunscreens, *oxybenzone & octinoxate free*)

_____ I authorize Northwest Children's School LC to apply the use of school provided sunscreen as listed above and understand sunscreen will be applied to exposed skin, which may include face, ears, arms, shoulders, legs, and feet.

_____ I **do not** authorize Northwest Children's School LLC to apply the school provided sunscreen to my child and will instead send my own aerosolized sunscreen bottle labeled with my child's name. I **do authorize** Northwest Children's School to apply sunscreen to my child using my personally provided sunscreen which will be applied to exposed skin, which may include face, ears, arms, shoulders, legs, and feet.

Parent Signature (or Legal Guardian)

Date

SESSION SELECTION

Early Bird Rates

Register by 6/1/26 and receive a \$20 discount on each session!

Child #1 Name: _____

Session 1 – Stars & Stripes, June 29 – July 2

- Full Days 9am – 3pm; Tuition \$400/wk
- Half Days 9am – 12pm; Tuition \$210/wk

Session 2 – Crazy Crafty Cooking, July 6 - 9

- Full Days 9am – 3pm; Tuition \$400/wk
- Half Days 9am – 12pm; Tuition \$210/wk

Session 3 – Nature Discovery, July 13 - 16

- Full Days 9am – 3pm; Tuition \$400/wk
- Half Days 9am – 12pm; Tuition \$210/wk

Session 4 – Fun in the Sun, July 20 - 23

- Full Days 9am – 3pm; Tuition \$400/wk
- Half Days 9am – 12pm; Tuition \$210/wk

Session 5 – STEAM Exploration, July 27 - 30

- Full Days 9am – 3pm; Tuition \$400/wk
- Half Days 9am – 12pm; Tuition \$210/wk

Session 6 – Under the Sea, August 3 - 6

- Full Days 9am – 3pm; Tuition \$400/wk
- Half Days 9am – 12pm; Tuition \$210/wk

Session 7 – Art Exploration, August 10 – 13

- Full Days 9am – 3pm; Tuition \$400/wk
- Half Days 9am – 12pm; Tuition \$210/wk

½ Day 1-hour Late Pick-up: \$80/week addt'l

I would like to pick up my child 1-hour later at 1pm

Child #2 Name: _____

Session 1 – Stars & Stripes, June 29 – July 2

- Full Days 9am – 3pm; Tuition \$400/wk
- Half Days 9am – 12pm; Tuition \$210/wk

Session 2 – Crazy Crafty Cooking, July 6 - 9

- Full Days 9am – 3pm; Tuition \$400/wk
- Half Days 9am – 12pm; Tuition \$210/wk

Session 3 – Nature Discovery, July 13 - 16

- Full Days 9am – 3pm; Tuition \$400/wk
- Half Days 9am – 12pm; Tuition \$210/wk

Session 4 – Fun in the Sun, July 20 - 23

- Full Days 9am – 3pm; Tuition \$400/wk
- Half Days 9am – 12pm; Tuition \$210/wk

Session 5 – STEAM Exploration, July 27 - 30

- Full Days 9am – 3pm; Tuition \$400/wk
- Half Days 9am – 12pm; Tuition \$210/wk

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- Full Days 9am – 3pm; Tuition \$400/wk
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- Full Days 9am – 3pm; Tuition \$400/wk
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½ Day 1-hour Late Pick-up: \$80/week addt'l

I would like to pick up my child 1-hour later at 1pm

Please Note: 3-year-old applicants are eligible for half days only.

ENROLLMENT AGREEMENT

I wish to enroll my child(ren) in Northwest Children’s School LLC Summer Camp program. I understand that selected weekly sessions are subject to change, but that Northwest Children’s School will do their best to accommodate the selected summer camp sessions based on student enrollments, staffing, and any other factors which determine class availability.

Signature of Parent or Legal Guardian

Date

Additional Information

1. All campers must be fully potty-trained without requiring help using the restroom, and they must be able to self-dress in the event of potty-related accident. **Initials** _____
2. All sessions are subject to change based on the total number of enrollments for any given session. Each session requires a minimum enrollment of 5 students. If any session is less than 5 students, we will contact those families to look at enrolling in other sessions. **Initials** _____
3. The one-time, non-refundable Registration Fee is due at the time of submitting this application. **Initials** _____
4. You may change/cancel your camp session(s) at any time. **Initials** _____
5. Invoices will be sent 1 week prior to your camp week and will be due on the Friday before your camp week. You may opt to pay for all sessions in one invoice by selecting so on page 4 of this application. **Initials** _____
6. Electronic payments, cash, or checks are accepted; electronic payment methods are Bank ACH with a 1% processing fee or Debit/CreditCard with a 3% processing fee, added to our invoice. **Initials** _____
7. Camp tuition is deemed late if paid after the Monday of your session. A \$25 Late Fee will be due with your session payment. **Initials** _____
8. Returned bank ACH payments will be charged a \$35 NSF fee due immediately. **Initials** _____
9. Snacks are provided by Northwest Children’s School LLC each day during both morning and afternoon sessions. If you prefer your child to bring snacks from home, you may send them in a lunch box labeled with your camper’s name. Snack donations for the session are always appreciated! **Initials** _____
10. Full day & late pick up campers are **required** to bring lunch from home in a labeled lunchbox. **Initials** _____
10. ClassDojo is a FREE app used for all communications once camp sessions begin. We ask at least one parent to connect to our Summer Camp Class using the app for session photos and updates! **Initials** _____
11. Please add nwchildrenschool@gmail.com to your safe sender list to ensure emails are not sent to junk/spam email folders. **Initials** _____
12. Screentime may be used in camp, which is lesson-themed and limited to 15 minutes or less. **Initials** _____
13. I represent I am a recognized natural or legal guardian of the child listed on this application. **Initials** _____
14. 1-Hour Late Pick-up is available on half day sessions only. Packed Lunch is required. **Initials** _____
15. Campers are required to bring a water bottle (water only please!) each Monday to be returned home Thursdays. We refill with filtered water on site. Please label their water bottle with their name. **Initials** _____
16. Full Day campers are required to bring a lunchbox labeled with their name. **Initials** _____
17. Application and registration fee must be submitted prior to 6/1 to receive Early Bird discounts. **Initials** _____