

NW Children's School

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Enrollment Application 2023 – 2024 School Year

September 2023 through June 2024

_____	_____	_____	___/___/___
Child's Last	First	Nickname	Date of Birth

REFERRED BY: _____

If a currently enrolled family referred you to NW Children's School, list their name above and they receive a **\$50 Referral Credit!** They will receive this credit towards their monthly tuition after your student's first month of school. We greatly appreciate our existing parents and extend the same offer to you once enrolled! *(Both families must have completed 1 month of enrollment prior to receiving referral credits)*

How did you hear about us? _____

For Office Use Only

Class: _____

Registration Paid: \$ _____

Time: _____

Date Received: _____

Teacher: _____

Monthly Tuition: \$ _____

STUDENT INFORMATION: Please complete in its entirety.

Name: _____ Birthday: _____ Age: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____

Allergies and/or Current Medications? (if yes, please explain): _____

Child Resides With: _____

Is English a Second Language? YES / NO | If **NO**, 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: _____ Home Phone: _____

Employer & Phone: _____

Social Security #: _____

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

Address (if different from above): _____

Cell Phone: _____ Home Phone: _____

Employer & Phone: _____

Social Security #: _____

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: _____ Home Phone: _____

Employer & Phone: _____

Social Security #: _____

PRIMARY EMAIL: _____

NW Children's School will send school & student related communications to this email regarding school news, important updates, student information, etc.

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

QUESTIONNAIRE: Please answer honestly.

1. Why do you want your child to attend NW Children's School?

2. What would you like to see your child gain from the experience?

3. Describe your child's attitude toward school and learning:

4. What does your child like to do in his/her free time?

5. Describe your child’s previous group experience. How does your child get along with other children in a group setting? _____

6. What upsets your child?

7. Describe your normal disciplinary actions used at home:

8. Please list anything additional about your child we should be aware of:

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

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

Please note, flexibility in class time preferences allows more students to participate in our programs!

Pre-School & Pre-K Parents - Using numbers 1, 2, 3, please label your *first, second & third* choice 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.

Pre-School (3 & 4 years old): *Age 3 prior to Sept. 1st*

Th-F 9:00 – 12:00 _____

Th-F 9:15 – 12:15 _____

Pre-Kindergarten (4 & 5 years old):

MTW 8:30 – 11:30 _____

MTW 9:00 – 12:00 _____

MTW 9:15 – 12:15 _____

MTW 12:30 – 3:30 _____

*Science Thurs. 12:45-3:45 **YES / NO**

If we have enough enrollments to fill the four MTW Pre-K classes listed above, we may open a 5th class time option MTW from 1pm – 4pm. If this becomes available, we will reach out to all applicants for this opportunity.

*If we have enough interest at enrollment, we will add our FUN & EXCITING **Science Class**, to begin in October. Science can be added to any Pre-Kindergarten class for an additional tuition fee of **\$80 per month**. The tuition fee covers both your students time in class and expenses for non-standard curriculum planning & supplies. This class incorporates Science-focused learning & projects.

Kindergarten (5 & 6 years old): *Circle if applicable*

MTW 1:00 – 4:00 AND Th-F 9:30 – 3:30

Payment plans available – please see the office for options

ENROLLMENT AGREEMENT

I/We wish to enroll my/our child at NW Children's School. By submitting this application in its entirety along with the one-time, non-refundable **Registration Fee of \$50.00**, I/We understand it guarantees our student's enrollment in the 2023-2024 school year **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 8, and it believe it to be accurate and true.

Signature of *Parent or Legal Guardian*

Date