

**Northwest Children's School**  
 3833 168<sup>th</sup> St NE | Arlington, WA 98223 | 360-653-4550  
[nwchildrensschool@gmail.com](mailto:nwchildrensschool@gmail.com) | [nwchildrensschool.com](http://nwchildrensschool.com)



# Enrollment Application

## 2024 – 2025 School Year

September 2024 through June 2025

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Child's Last                      First                      Nickname                      Date of Birth

How did you hear about us? \_\_\_\_\_

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!**

**For Office Use Only**

Class: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Teacher: \_\_\_\_\_

Registration Paid: \$ \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Monthly Tuition: \$ \_\_\_\_\_

**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): \_\_\_\_\_

Siblings? Y / N: \_\_\_\_\_ Sibling Ages: \_\_\_\_\_

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** \_\_\_\_\_**\*NOTE\*** We do post student & classroom images on **ClassDojo**, a secure and restricted access, parent-only site used for teacher-parent communications. These images will only be viewable to parents & teachers.*Please note, students must be fully toilet-trained without staff help with clothing & cleaning.***PARENT INFORMATION:****Mother's Name:** \_\_\_\_\_ **Primary Contact: YES / NO**

Address (if different from above): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Employer &amp; Phone: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Primary Contact: YES / NO**

Address (if different from above): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Employer &amp; 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 &amp; Phone: \_\_\_\_\_

**PRIMARY EMAIL:** \_\_\_\_\_*NW Children's School will send communications to this email including tuition invoices, 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 &amp; Last Name</u>	<u>Phone</u>	<u>Relationship</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

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Signature of parent or legal guardian

Date

**QUESTIONNAIRE:** Please answer honestly.

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

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

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

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

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5. Describe your child's group experience. How does your child get along with other children in a group setting? \_\_\_\_\_

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6. What upsets your child?

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7. Describe your normal disciplinary actions used at home:

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8. Is your child attending any other school-based programs? (i.e. speech therapy, ECEAP, Head Start, or an IEP through a public school) – Please list program and location:

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9. Please describe any behavioral or social concerns your child may exhibit. Examples may be trouble expressing or regulating emotions, frustration with change in routine, difficulty transitioning from one task to another, hesitant to interact with peers, experiences emotional outbursts, etc.

*(Please note, this helps us be aware of and tailor classroom experience to each child)*

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10. Is your child in the process of being evaluated for behavioral disorders such as ADD/ADHD, Autism, ODD, OCD, etc?

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

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### 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: \_\_\_\_\_

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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 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 come, first served basis – if your first preference is full, we will enroll them in your second or third preference and notify you.

**Preschool & 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. As many parents are also shuttling elementary age students in the mornings, we understand late arrivals.

### **Preschool:** \$250 per month

*Age 3 before Sept. 1<sup>st</sup>*

Th-F 9:00 – 12:00 \_\_\_\_\_

Th-F 9:15 – 12:15 \_\_\_\_\_

### **Pre-K:** \$350 per month

*Age 4 before Sept. 1<sup>st</sup>*

MTW 8:30 – 11:30 \_\_\_\_\_

MTW 9:00 – 12:00 \_\_\_\_\_

MTW 9:15 – 12:15 \_\_\_\_\_

MTW 12:30 – 3:30 \_\_\_\_\_

### **\*Science Add-on:** \$120 per month

*Available to Pre-K students only*

Thursday Science 12:45-3:45 \_\_\_\_\_

Thursday Science 9:15-12:15 \_\_\_\_\_

### **Kindergarten:** \$650 per month

*Age 5 before Sept. 1<sup>st</sup> Kindergarten payment plans available – please email us for details.*

MTW 1:00 – 4:00 AND Th-F 9:30 – 3:30 \_\_\_\_\_

**\*Thursday Science Class** is added based on interest. This class incorporates science-focused learning including experiments, projects, activities, and thoughtful scientific discussions. The additional monthly fee of **\$120** is added to your tuition and covers both your students' time in class and expenses for non-standard science themed experiments, crafts, tools, and supplies we purchase exclusively for Science Class.

#### **Registration Fees**

Early Registration by 8/1: \$125

Late Registration after 8/1: \$150

Currently Enrolled Students by 6/1: \$100

#### **Supply Fee \$40**

September's invoice will include a one-time supply fee which covers classroom supplies such as paints & paint supplies, paper, construction paper, colored pencils & markers, craft supplies, and other miscellaneous supplies used for projects.



## **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**, I/We understand it guarantees our student's enrollment in the 2024-2025 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.

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**Signature of *Parent or Legal Guardian***

**Date**