

**Northwest 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

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: _____	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? **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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**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 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 before Sept. 1st*

Th-F 9:00 – 12:00 \_\_\_\_\_

Th-F 9:15 – 12:15 \_\_\_\_\_

**Pre-Kindergarten (4 & 5 years old)**: *Age 4 before Sept. 1st*

MTW 8:30 – 11:30 \_\_\_\_\_

MTW 9:00 – 12:00 \_\_\_\_\_

MTW 9:15 – 12:15 \_\_\_\_\_

MTW 12:30 – 3:30 \_\_\_\_\_

**Additional Thursday Science Add-on**: *Available to Pre-K students only*

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

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

\***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.

***Class times and availability are based on enrollments. We may need to change class start times or the number of classes offered to accommodate additional or lack of enrollments in any given class.***

**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**. 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**