# Northwest Children's School

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# Enrollment Application 2025 – 2026 School Year

September 2025 through June 2026

		/
Child's First Name	Last Name	Date of Birth
	_ Facebook Web Search Referred st name for their \$50 referral credit:	
For Office Use Only		
Class:	Registration Paid: \$	<b>3</b>
Time:	Data Dassivadi	
Teacher:	<u> </u>	

Northwest Children's School LLC 2025-2026 School Year RVSD 1/20/25

<b>STUDENT INFORMATION</b> :			
Name:	Birthdate:		Age:
Address:			
City:	State:	Zip:	
Is English a Second Language? YES / NO   If YE	ES, what is their Primary Language?		
Does he/she have <u>allergies</u> or prescribed <u>medi</u>	ications? YES / NO   If yes, please ex	plain:	
Does your child have an EPI Pen* for allergies *EPI Pens must be kept on site with proper medica	-	tails.	
PRIMARY EMAIL:			
Northwest Children's School will send communications	to this email including enrollment information	, tuition invoic	es, school updates, etc.
PARENT INFORMATION:			
Mother's Name:			Contact: 1 <sup>st</sup> / 2 <sup>nd</sup>
Address (if different from above):		State	Zip
Cell Phone:	Social Security #:		
Employer & Phone:			
Father's Name:			Contact: 1 <sup>st</sup> / 2 <sup>nd</sup>
Address (if different from above):		State	Zip
Cell Phone:	Social Security #:		
Employer & Phone:			
Parent Relationship Status:Together	SeparatedParenting Plan	/Custody Ag	rmt*Other**
*Please note, for separated parents with a court issued the agreement. Unless stated in a court issued documen restraining order or any other court issued document or	nt, we are not legally allowed to keep a child fr		
Legal Guardianship:			
Guardian's Name:			Contact: 1 <sup>st</sup> / 2 <sup>nd</sup>
Address (if different from above):		State	Zip
Cell Phone:	Social Security #:		
Employer & Phone:			

#### **IN CASE OF EMERGENCY CALL:**

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

	First & Last Name	<u>Phone</u>	Relationship
1			
2			
3			
5			

<u>PICK-UP AUTHORIZATION LIST:</u> Please list names, phone number & 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.

	First & Last Name	<u>Phone</u>	Relationship
1			
2	·		
3			
4			
5	<del>-</del>		

# **QUESTIONNAIRE**:

1. Why would you like your child to attend Northwest Children's School and what do you hope for them to learn?
2. Describe your child's attitude toward school and learning:
3. What does your child like to do in his/her free time?
4. Does your child have social experience with daycare, preschool, sports, etc. and how do they do in this setting?
5. What upsets your child?
6. Describe your normal disciplinary actions used at home:

# **QUESTIONNAIRE**:

8. Is your child attending other school-related or developmental programs? (i.e. ECEAP, Head Start, Speech/
Occupational/Behavioral Therapies, or has an IEP through a public school) – Please list program and location:
*Please note, we will reach out regarding enrollment in other programs to gain better understanding of your child's needs.
9. Please describe any behavioral or social concerns you have. 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, experiencing emotional outbursts, etc. (Please note, this helps us be aware of and tailor classroom
experience to each child to the best of our abilities where we can)
10. Is your child in the process of being evaluated for any conditions such as developmental delays, speech, ADHD,
Autism, ODD, OCD, etc. or anything else which may have an impact on his/her experience here? Please explain.
10. Please list anything additional about your child we should know:

# **CONSENT FOR EMERGENCY TREATMENT**

Child Name:	Birthdate:			
Address:	City:	State:	Zip:	
Allergies:				
Current Medications:			<u>-</u>	
Mother's Name:		Phone:		
Father's Name:		Phone:		
Legal Guardian Name:		Phone:		
Student's Doctor:		Phone:		
Dr. Facility Name & Address:				
********	**********	*****	******	
As the child's parent(s) and/or lega  CPR/First Aid certified staff member to be treated on Northwest Children as dispatched by 911; and to be tractive treatment. In the event <i>Mother</i> , For further consent to any and all care and/or immediately necessary by the understand that NW Children's Schemergency services, a doctor, or members.	r at Northwest Children's School In's School LLC's premises by qualinsported by emergency vehicle seather, or Legal Guardian as listed at to be performed by a licensed do ne doctor or emergency services to ool is no longer responsible for m	Id") may be given emount.  LC. I/We give my/ou ified EMT's and/or Emervices to a necessary above cannot be reacted and/or hospital was afeguard the child.	r consent for my/our child ergency Medical Services health facility for ned by phone, I/We then deemed medically s health. I/We	
Parent Signature (or Legal Guardian)		D	ate	

### **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 preference and notify you.

Please label your first "1" and second "2" choice for preferred class times. If you are only able to enroll in <u>ONE</u> 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.

Age 3 before Sept. 1 <sup>st</sup>
Th-Fr 9:00 – 12:00
Th-Fr 9:15 – 12:15
<u>Pre-K</u> : \$350 per month  Age 4 before Sept. 1st
MTW 8:45 – 11:45*
MTW 9:00 – 12:00
MTW 9:15 – 12:15
MTW $12:30-3:30$ * * *Subject to change based on enrollments. Students may be asked to move to a different class time to balance class sizes

#### **Registration Fees**

Early Registration by 8/1: \$125

Late Registration after 8/1: \$150

24/25 School Year Students by 6/1: \$100

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

One-time supply fee to covers additional classroom supplies such as paints & paint supplies, construction paper, colored pencils & markers, craft supplies, new manipulatives/toys, and other miscellaneous supplies needed throughout the year.

Available to Pre-K students only

Preschool: \$250 per month

Thursday 12:30-3:00 \_\_\_\_\_

Thursday 9:30-12:00

## Kindergarten: \$650 per month

\*STEAM Add-on: \$100 per month

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

Monday - Friday 9:30 - 2:30 \_\_\_\_\_

\*Thursday STEAM Class is added based on interest. This class incorporates STEAM-focused learning centered around Science, Technology, Engineering, Art, & Math. The additional monthly fee of \$100 is added to your tuition and covers both your students' time in class and expenses for non-standard STEAM themed experiments, crafts, tools, and supplies we purchase exclusively for this class.

<sup>\*</sup>Depends on preschool enrollments and room availability; is subject to change.

#### **ENROLLMENT AGREEMENT**

I/We wish to enroll my/our child at Northwest 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 2025-2026 school year **only**. I/We understand that selected class times are subject to change, however Northwest 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 7, and it believe it to be accurate and true.

Signature of Parent or Legal Guardian

**Date** 

#### **Additional Information**

- 1. Students must be toilet-trained without requiring help with cleaning & dressing themselves. We do help with reminders and can make some minor exceptions, contact us for our guidelines.
- 2. Please add <a href="mailto:nwchildrensschool@gmail.com">nwchildrensschool@gmail.com</a> to your safe sender list to ensure emails are not sent to junk/spam email folders.
- 3. Extended payment plans may be available on a case-by-case basis to help make tuition more affordable for low-income families. Please contact the office for details.
- 4. We actively use ClassDojo; a secure, restricted access, app used for parent-teacher communications accessible only by registered parents & our staff. Teachers post classroom updates weekly which may contain images of students and our classrooms. Invitations for access will be provided at your Open House the week before school starts.
- 5. Monthly tuition invoices are automated emails sent by QuickBooks Online/Intuit. Invoices may also be sent via text message to the primary contact listed on this application.
- 6. The default payment method on invoices is electronic check ACH from a bank account. This payment method charges a 1% processing fee charged separately by the processing merchant. Alternate payment methods include credit/debit card, Venmo, Apple Pay, PayPal with a 3% processing fee added to the monthly tuition. Payment processing fees are subject to change at any time, at the processing merchant's discretion. All fees are the responsibility of the paying party.