

Northwest Children's School

3833 168th St NE STE 1, Arlington WA 98223 | 360-653-4550

nwchildrensschool@gmail.com | nwchildrensschool.com



Toddler Time Enrollment Application

2025-2026 School Year

September through June

Child #1: First Name Last Name ____/____/____
Date of Birth

Child #2: First Name Last Name ____/____/____
Date of Birth

Mondays & Wednesdays from 10am – 11:30am

Adult attendance during the session is **required**.

Toddlers must be 18 months through Age 3*

See last page for sibling availability and restrictions

(*and not yet eligible for our preschool classroom)

Dropbox Secure Upload Link:

<https://www.dropbox.com/request/wfY873C8oUdqJsRSQLHt>

Registration Fee

Scan the QR code below to pay the \$50 one-time registration fee.

Please enter your **students' name** in the name field.



How did you hear about us? ____ Facebook ____ Web Search ____ Referred ____ Other: _____

STUDENT INFORMATION:

Child #1 Name: _____ Birthdate: _____ Age: _____

Child #2 Name: _____ Birthdate: _____ Age: _____

Primary Address: _____

City: _____ State: _____ Zip: _____

Is English a Second Language? YES / NO | If **YES**, what is his/her Primary Language? _____

List any allergies and/or doctor prescribed medications? **DO NOT LEAVE BLANK:** _____

Does your child have an EPI Pen* for allergies listed above? ____ YES ____ NO / **CHILD NAME:** _____

**EPI Pens are the responsibility of the adult/guardian attending Toddler Time with your child. Northwest Children's School is not liable for administration of EPI Pens or potential cross-contamination of allergens on site.*

PRIMARY EMAIL: _____

Northwest Children's School will send communications to this email including enrollment information, tuition invoices, school updates, etc.

PARENT INFORMATION:

Mother's Name: _____ **Contact: 1st / 2nd**

Address (if different from above): _____ State _____ Zip _____

Cell Phone: _____ Social Security #: _____

Employer & Phone: _____

Father's Name: _____ **Contact: 1st / 2nd**

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.

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

AUTHORIZED ADULT LIST: Please list names, phone number & relationships for all who are authorized to attend Toddler Time with your child. Please note, 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. _____	_____	_____

QUESTIONNAIRE:

1. Why would you like your child to attend Northwest Children’s School and what do you hope for them to learn?

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

3. Does your child have social experience with daycare, preschool, sports, etc. and how do they do in this setting?

4. What upsets your child?

CLASS SELECTION:

____ Mondays 10:00am to 11:30am

____ Wednesdays 10:00am to 11:30am

MONTHLY PAYMENT METHOD:

All students are required to set up monthly recurring payments, to be deducted on the 1st of each month, from the payment method of your choosing.

____ Debit/Credit/Venmo/ApplePay/Google Pay with a 3% payment processing fee

____ Bank ACH Draft from a Checking/Savings account with a 1% payment processing fee

LIABILITY WAIVER FOR EMERGENCY TREATMENT

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 understand that our child, _____, (*further referred to as "child"*) is the sole responsibility of the Authorized Adult(s) listed in this application while on the premises at Northwest Children's School LLC, located at 3833 168th St NE STE 1, Arlington WA 98223. I/We understand that Northwest Children's School LLC is not liable for any events including but not limited to injury, whether self-inflicted or inflicted by another party, disappearance, ingested allergens, or any other means or events which may impact the safety of my/our child while on the premises. I/We understand all emergency care is the sole responsibility of the Authorized Adult who brings my/our child to Northwest Children's School LLC. Northwest Children's School LLC staff will not be allowed to aide in, nor can be held liable for, emergency care or treatment of my/our child – including the administering of medications, contacting emergency services, first aide care, or any other assistance.

Signature of Mother (or Legal Guardian #1)

Date

Signature of Father (or Legal Guardian #2)

Date

ENROLLMENT AGREEMENT

I/We wish to enroll my/our child in Toddler Time at Northwest Children's School LLC. I/We have filled out the application in its entirety, pages 1 through 5, and believe it to be accurate and true.

Signature of Parent or Legal Guardian

Date

Additional Information

1. Toddler Time registration fee is a one-time fee of \$50. Scan the barcode on the front of the application to pay and reserve your students' spot today!
2. Toddler Time is a weekly class, billed monthly. Cancellation requires 30 days' written notice and tuition is due within those 30 days.
3. Tuition requires recurring monthly payment using Bank ACH (with a 1% payment processing fee for Bank ACH).
4. NWCS does not issue refunds for missed days/weeks.
5. NWCS follows standard public-school holidays and closures (based on Arlington School District).
6. Please add nwchildrensschool@gmail.com to your safe sender list to ensure emails are not sent to junk/spam email folders.
7. 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.
8. **Age Restrictions/Siblings –**
 - a. Children under 6 months may attend with a sibling, at no charge, if they are kept in a carrier (either a car seat or body carrier; no strollers please).
 - b. Children 6+ months may attend with a sibling, if crawling, for an additional charge of \$40 per month. (Please note, children are the responsibility of their "attending adult" and there are some smaller items in the classroom which may not be appropriate for this age group).
 - c. Sibling enrollments for two children between 18 months and 3 years, may attend together for a discounted rate on the second child; sibling #1 is the standard rate of \$100/mo and sibling #2 is \$50/mo. Siblings are not subject to a registration fee.
 - d. Siblings age 6+ months require an additional application but can be jointly billed.
 - e. **Drop-in Rate** for siblings ages 6mo-5yo are \$15 paid at the start of class. We understand there may be times when sibling childcare options are suddenly unavailable, therefore siblings are welcome to occasionally join. Please help older siblings be mindful of participant age group.
 - f. While we try to accommodate families to the best of our ability, age restrictions are subject to change at any time at the discretion of Northwest Children's School LLC.