



Northshore School District

Office Use Only

Date Rec. _____

App Rev. _____



19705 88th Ave NE

Bothell, WA 98011

425-408-5570

Northshore Tuition Application

Child's Name _____ Gender M / F Birth Date _____

Parent(s) Name _____ Address _____

Neighborhood School _____ City/Zip Code _____

Home Phone _____ Cell/Work Phone _____ Best time to call _____

E-mail 1 _____ E-mail 2 _____

I understand that I am responsible for transportation to and from school Initial _____

I understand my child must be fully potty trained to attend our program Initial _____

Location requested: Sorenson ___ Woodmoor ___ Do you have a session preference? AM ___ PM ___

Child Information

Do you suspect that your child has a developmental delay or disability?

☐ Social Emotional ☐ Motor ☐ Communication ☐ Cognitive ☐ Adaptive/Self Help

If Yes, please Describe: _____

Does your child have an Individual Education Plan (IEP) or have they received B-3 Early Intervention Services (IFSP)?

☐ Yes ☐ No If yes, please include a copy of the IFSP or IEP with application.

Do you have concerns about your child's health and development? Check all that apply:

☐ Low birth weight (less than 5.8lbs) ☐ Fine motor/ gross motor ☐ Speech/ language

☐ Vision ☐ Tooth pain/ decay/ bleeding gums ☐ Drug/ alcohol affected

☐ Any Allergies: _____ ☐ Hearing

☐ Food intolerance/ special diet: _____

☐ Mental Health - Please describe: _____

☐ Behavior - Please describe: _____

- | | | |
|--|-----|----|
| ➤ Has your child had previous preschool experience? | Yes | No |
| ➤ Can your child sit and attend to a story or activity for 10 minutes? | Yes | No |
| ➤ Can your child follow simple adult directions independently? | Yes | No |
| ➤ Does your child play with other children? | Yes | No |

- How does your child get along with other children?

- How does your child react when it is time to stop an activity and when there is change in routine or when they are told “no”?

- Describe how your child handles frustration.

- What kind of small motor activities (coloring, cutting, using playdough) is your child able to do?

- Is your child able to use playground equipment (swings, slides, climbing toys) independently? Yes No

- Does your child ride a trike or bike? Yes No

- What is the primary language spoken in your home? _____

- On average, how many words does your child use in a sentence? _____

- Does your child use three to four hundred different words? Yes No

- Does your child say most sounds except perhaps R,S,TH, and L? Yes No

Any additional information you think we should know?

How did you hear about our program? _____

Are you a current / past parent or employee? _____