



NOVI NORTHVILLE MONTESSORI CENTER

23835 Novi Road

Novi, MI 48375

(248) 348-3033

nmcmi@gmail.com

FALL REGISTRATION APPLICATION

CHILD'S FIRST NAME:

September 6, 2017 – June 5, 2018

CHILD'S LAST NAME:

5 Half-day Session
 _____ AM 9:00 – 12:00
 _____ PM 12:00 – 3:00

5 Full-Day Session
 _____ 9:00 AM – 3:00 PM

3 Full-Day Session (T/W/TH)**
 _____ 9:00 AM – 3:00 PM

	<u>New Student</u>	<u>Returning Student</u>	<u>New Student</u>	<u>Returning Student</u>	<u>New Student</u>	<u>Returning Student</u>
Registration Fee	\$100	\$50*	\$100	\$50*	\$100	\$50*
Field Trips (4)	40	40	40	40	40	40
Special Pizza Lunch	---	---	40	40	---	---
Sweatshirt	12	---	12	---	12	---
Total Due Upon Enrollment	\$152	\$90	\$192	\$130	\$152	\$90

*one-time \$50 discount

**days NOT subject to change

After July 1st, 2017, the first payment amount is non-refundable.

 Parent's Name (Please Print)

 Parent's Signature / Date

Please make checks payable to: Minto's Casa Novi. We accept checks only please, no charge cards. **NOTE:** We do not issue invoices for monthly tuition. If you require a receipt or statement for your flexible / dependent spending account, please inform the office.



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Child Information

Child's Name: _____

5AM 5PM 5 FULL 3 FULL

Allergies or foods which should not be eaten

Pre K Kindergarten (Child must turn 5 by 9/1/2017)

Birth Date _____ Boy ___ Girl ___

Daycare Yes No (circle)

Special Health Problems _____

Father, Stepfather, or Male Guardian (circle)

1. _____
Print Full Name
2. _____
Home Address Apt. # City Zip
3. (____) _____
Home Phone
4. _____
Name of Employer
5. (____) _____
Business Telephone
6. (____) _____ (____) _____
Cell Phone Pager

Mother, Stepmother, Female Guardian (circle)

1. _____
Print Full Name
2. _____
Home Address Apt. # City Zip
3. (____) _____
Home Phone
4. _____
Name of Employer
5. (____) _____
Business Telephone
6. (____) _____ (____) _____
Cell Phone Pager

Name of person you would prefer us to call first? _____ (Phone) _____

Name of person to be notified when Parent is not Available: _____ Phone (____) _____

Name of person other than Parent child may be released to: _____ Phone (____) _____

Name of person child may NOT be released to: _____

Who does child live with: _____ Who is responsible for payment? _____

Physician's Name _____ Address _____ Phone (____) _____

Health Insurance Carrier _____ Policy # _____

Medication being taken (name and purpose if applicable) _____

MEDICAL RELEASE

I hereby declare that I, the parent or legal guardian of the above named child, give my consent, in the event that all reasonable attempts to contact me or designated persons above have been unsuccessful, for Novi Northville Montessori Center personnel to seek treatment by the Physician named above. In the event the preferred physician is not available, then by another licensed physician. I hereby release and discharge Novi Northville Montessori Center, its employees, and officers, from all claims, demands, actions, or judgments which the undersigned ever had, or has, or may have against the school, its successors or assigned, for all personal injuries or illnesses, which the child named above may suffer or incur as a result of the actions of Novi Northville Montessori Center in procuring medical treatment. I certify that the child named above is in good health and free from any communicable disease or illness.

Parent's or Guardian's Signature _____ Date _____



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Child's Name _____
Last First

School child is currently attending: _____

Previous schools or childcare experiences and dates enrolled: _____

How did you learn about our school - Novi-Northville Montessori ? _____

Are there any other problems or circumstances, which we should know about in order to help your child ?

Any dietary DO's or DON'Ts? _____

General behavior and temperament of the child? _____

What are your child's toilet habits? _____

If there are any other things you feel the staff should know about your child, please describe them below. These insights often can be very helpful to the teacher working with your child.

Would you like your child to nap each day? Yes ____ No ____

Students nap between 1:00 and 2:30 p.m.



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Does your child need DAYCARE? Yes _____ No _____

If yes, check which days :

Mon _____ Tues _____ Wed _____ Thur _____ Fri _____

Please list hours (A.M. Daycare 7-9) (P.M. Daycare 3-6)

A.M. Start Time: _____ P.M. End Time: _____

Daycare fees please choose one: ___hourly rate ___5AM monthly rate ___5PM monthly rate ___5AM/PM monthly rate

\$10.00

\$140 (5 days)

\$200 (5 days)

\$260 (5 days)

\$ 90 (3 days)

\$120 (3 days)

\$160 (3 days)

Breakfast - please indicate ___daily rate - \$2.00

Occasional Drop-in Daycare must be scheduled 24 hours in advance at a rate of \$12.00 / hr if space is available (minimum 1 hr.)

Sweatshirts \$12.00 each

Child Size: 6 - 8 _____ 10 - 12 _____

FIELD TRIPS We will have 4 field trips during the year. Two will be held here at NNMC, the other two will be offsite and require that at least one parent attends.

SPECIAL PIZZA LUNCH - Full-day Students only

Each month we have a special Pizza Lunch for all our full-day students. We usually serve this on the last Friday of the month. Charges for Field trips and pizza lunch are not refundable.

NNMC SWEATSHIRT

All new students need to purchase an NNMC sweatshirt. Please indicate size on the registration application and include \$12.00 with your enrollment fee.



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REGISTRATION and REFUND POLICY:

The enrollment is valid upon completion of the registration packet and payment of both the NON-REFUNDABLE registration amount and the first payment amount - by cash or check only (sorry, no charges). If the first payment amount is not paid by July 1, 2017, the enrollment will be cancelled and the registration amount will not be refunded. After July 1, 2017 the first payment is non-refundable as well. The first two weeks will be considered an assessment period. If, in the determination of the Novi Northville Montessori Center (NNMC), the child is not suited for the Montessori environment, the enrollment will be cancelled and a full refund of the first payment amount will be made. If the parents decide to dis-enroll their child, there is no refund.

ENROLLMENTS OCCURRING DURING THE 2017-18 SCHOOL YEAR AFTER OCTOBER 1, 2017

For enrollments occurring after October 1, 2017, the Special Lunches, Field Trips, and first payments will be prorated. The first payment fee will be reduced by 10% per month. There is no tuition in June.

TUITION IS NOT SUBJECT TO ADJUSTMENT DUE TO ABSENCE, ILLNESS, VACATIONS OR HOLIDAYS

Tuition is not subject to adjustment due to absence, illness, vacations or holidays. If your child will be absent from school for an extended period of time, you have the choice of canceling your child's enrollment and reenrolling upon your return - or paying the monthly fee while your child is absent in order to retain the spot for your child. If you choose to re-register, we cannot guarantee a spot for your child and you will need to pay a registration fee again and a prorated first payment fee depending upon the month you are reenrolling.

PERMISSION TO RELEASE CHILD:

Please inform the school if your child is going to be picked up by someone else other than you. Please make sure their contact information is listed on the emergency card you filled on your registration form. **WE MUST HAVE WRITTEN PERMISSION VIA EMAIL OR A PHONE CALL TO THE SCHOOL OF YOUR INTENTIONS. YOUR CHILD WILL NOT BE RELEASED TO ANYONE ELSE WITHOUT YOUR PERMISSION.**



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TUITION AND DAYCARE CHARGES:

Monthly Tuition Payments are due the first of each month - the office does not send reminders. Please keep this sheet as a ready-reference. Monthly tuition payments received after the 5th working day after the due date is subject to a \$50 late fee/ month. Tuition amount not paid for more than one month can result in dismissal of the child from NNMC. A 10% discount on the tuition amount will be given to the second child enrolled from the family in the current year.

Students enrolled in our daycare program may also choose an hourly rate of \$10.00 per hour with one-hour minimum per day.

Drop-in daycare is available at \$12.00 per hour (1-hour min.). Drop-in daycare must be scheduled a day in advance and is available if capacity is not exceeded.

Daycare charges, including breakfast, will be billed at the end of the month. Daycare payments received after the due date are subject to a \$25 late fee. Daycare is provided until 6:00 PM only. If there is a delay in picking up your child, there will be a late charge of \$10.00 for the every 5 minutes after 12:00 p.m. or 3:00 p.m. or 6:00 p.m. If this occurs more than once, there will be an additional \$25 late fee penalty.

RELEASES AND STATEMENT OF AGREEMENT

MEDICAL RELEASE

I hereby declare that I am the parent or legal guardian of the above named child. I give my consent, in the event that all reasonable attempts to contact me or designated persons above have been unsuccessful, for Novi Northville Montessori Center personnel to seek treatment by the Physician named above, or in the event the preferred physician is not available, by another licensed physician.

I hereby release and discharge Novi Northville Montessori Center, its employees, and officers, from all claims, demands, actions, or judgments which the undersigned ever had, or has, or may have against the school, its successors or assigned, for all personal injuries or illnesses, which the child named above may suffer or incur as a result of the actions of Novi Northville Montessori Center in procuring medical treatment. I certify that the child named above is in good health and free from any communicable disease or illness.



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MODEL/PUBLICITY RELEASE

I give permission for the above named child's name, photograph, video or voice recording to be used for informational or publicity purposes in news stories, press releases, or similar items.

FIELD TRIP PERMISSION/RELEASE

I give permission for the above named child to participate in field trips or outings with Novi Northville Montessori Center. On any field trip or outing, I understand that NNMC is not responsible for unavoidable accidents, negligence or actions of persons not employed by or acting for NNMC.

LUNCH AGREEMENT

I agree to provide lunch for my child on days when she/he will be at the school during the lunch period.

HEALTHY SNACK AGREEMENT

I agree to provide a healthy snack for my child's classroom once to twice during the school year. The snack person is responsible for providing snack and organic milk for morning and afternoon snack for the entire week.

PAYMENT AGREEMENT

I understand that children are enrolled from September to the 1st week of June and that my agreement to pay tuition for the full period of enrollment is not subject to adjustment because of illness, absence, or withdrawal from school. I agree to pay, when applicable, other fees, these may include registration, first payment, hourly daycare, late payment or NSF fees, late pickup charges, charges for field trips or lunch. I understand that my child may be denied admission to school and that records may be held if tuition or fees are not paid in a timely manner.

STATEMENT OF UNDERSTANDING

I have read, and have been given a copy of, the program description, policies, and information, daycare policies, and the tuition and fee schedule of NNMC. I understand and agree to abide by these policies and tuition and fee schedules.

PARENT'S OR GUARDIAN'S SIGNATURE _____ DATE _____