



NOVI NORTHVILLE MONTESSORI CENTER
 23835 Novi Road
 Novi, MI 48375
 (248) 348-3033
nmmcmi@gmail.com

SUMMER REGISTRATION APPLICATION

June 12, 2017 – August 18, 2017

Child's Full Name: _____

_____ **New Student**

_____ **Returning Student**

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

OR

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

OR

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

*T/W/TH - days **NOT** subject to change

DAYCARE

_____ **AM**

_____ **PM**

_____ **AM/PM**

Parent's Name (Please Print)

Parent's Signature / Date

Please make checks payable to: Minto's Casa Novi. We accept checks only please; no credit cards.



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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.



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SUMMER PROGRAM REGISTRATION FORM
EXISTING STUDENTS AND/OR FALL 2017 ENROLLEES ONLY CHILD'S NAME: _____

Summer Hours: Half-Day Full-Day
 9:00 a.m – 12:00 p.m. 9:00 a.m. – 3:00 p.m.
 or
 12:00 – 3:00 p.m.

Daycare is also available 8:00 a.m. – 9:00 a.m. and 3:00 p.m. – 6:00 p.m.

Choose either 5 days per week or 3 days per week program. **Minimum 4 week commitment for either program.** Weeks do not need to be consecutive. 3 days per week schedule is on next page.

5 Days Per Week – Monday thru Friday – Weekly Schedule
 (Select weeks below)

| Week | <u>AM</u> Half-Day | <u>PM</u> Half-Day | Full-Day |
|---|--------------------------|--------------------------|--------------------------|
| June 12 – 16 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| June 19 – 23 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| June 26 – June 30 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No School Tuesday, July 4, in observance of Independence Day. | | | |
| July 3 – 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| July 10 – 14 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| July 17 – 21 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| July 24 – 28 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| July. 31 – Aug 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Aug. 7 – 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Aug. 14 – 18 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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3 Days Per Week – Tuesday, Wednesday, Thursday – Weekly Schedule*

(Select weeks below)

| Week | Full-Day |
|---|--------------------------|
| June 13 – 15 | <input type="checkbox"/> |
| June 20 – 22 | <input type="checkbox"/> |
| June 27 – 29 | <input type="checkbox"/> |
| No School Tuesday, July 4, in observance of Independence Day. | |
| July 5 – 6 | <input type="checkbox"/> |
| July 11 – 13 | <input type="checkbox"/> |
| July 18 – 20 | <input type="checkbox"/> |
| July 25 – 27 | <input type="checkbox"/> |
| Aug 1 – 3 | <input type="checkbox"/> |
| Aug 8 – 10 | <input type="checkbox"/> |
| Aug 15 – 17 | <input type="checkbox"/> |

*days NOT subject to change

- **Payment may be made by check payable to Minto’s Casa Novi. We DO NOT accept credit cards.**
- **Full tuition for all weeks must be paid when you register your child.**
- **Health appraisals, emergency cards and email addresses are required for new enrollees.**
- **There are no changes once you have registered and no refunds after the first week.**



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Would you like your child to nap each day? Yes No
(Students nap between 1 pm and 2:30 pm)

Does your child need Daycare? Yes No

If yes, circle which days: Monday Tuesday Wednesday Thursday Friday

Please list hours (AM Daycare is 8-9) _____ (PM Daycare is 3-6) _____

Daycare fees please circle one:

5-DAY SESSIONS: ___ AM monthly rate ___ PM monthly rate ___ AM/PM monthly ___ \$10 hourly rate

3-DAY SESSIONS: ___ AM monthly rate ___ PM monthly rate ___ AM/PM monthly ___ \$10 hourly rate

Drop-in daycare is available at \$12.00 per hour (1 hr. minimum). Drop-in daycare must be scheduled a day in advance and is available if capacity is not exceeded. Daycare payments received after the due dates 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 after regular pickup time 12:00 p.m. for AM students or 3:00 p.m. for PM students or 6PM for daycare students, there will be a late charge of \$10.00 for every 5 minutes or part thereof.

***Hourly Daycare or Drop in Daycare will be billed to you at the end of June, July and August. Daycare is to be paid in full up front if paying the monthly rate.**



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RELEASES AND STATEMENT OF AGREEMENT

Student's Name (Please Print) _____

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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.

REGISTRATION and REFUND POLICY:

The enrollment is valid upon completion of the registration packet and tuition which must be paid when you register for all weeks your child is enrolled. If in the first month, 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 registration amount will be made. If parents decide to disenroll their child there is no refund.

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.

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.



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LUNCH AGREEMENT

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

PAYMENT AGREEMENT

I understand that my child is enrolled for the Summer 2017 Session 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 if scheduled 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 Name (Please Print)

Parent's or Guardian's Signature

Date

Existing students who were here this past year:

If your child is currently enrolled, we will use the emergency card that is on file. If you have any revisions, please let us know right away.

New students:

If your child is new to our school, please complete the following documents which are available on our website or at the school office.

- A Child Information Record form
- A health appraisal with up-to-date immunizations. A Physical and Immunizations are mandatory before your child can begin classes.
- An email address form. Our regular communication with parents is via email.

Thanks Kindly.