

Novi Woods Montessori

Permission to enter Preschool between 33-36 months

Child Name: _____

Birthdate: _____ Age (in months): _____

I _____, state that

my child _____

may enter a preschool class at Novi Woods Montessori. I have spoken with his/her teacher and we mutually agree he/she is developmentally able and ready.

Parent Name (print) _____

Parent Signature _____ Date _____

Office Administrator Signature _____