



Novi Woods Montessori

Application for Enrollment

Date: _____ Desired Admission Date: _____ Admission Date: _____

Child's Name _____ (_____)
Last First Middle nickname

___ Male ___ Female Date of Birth _____ Age on September 1, 2017 _____

Address _____
number street city zip

Home Phone _____ Phone # where parent can be reached during the day _____

Correspondence regarding this application should be addressed to:

Name _____ (please indicate Mr./Mrs./Dr./etc.)

Complete Address _____
Number street city zip

School district in which residence is located _____

Child lives with (Circle all that apply): Mother Father Stepfather Stepmother Other _____

Please circle any that apply: Parents: Married Separated Divorced Mother Deceased Father Deceased

Financial responsibility for child will be assumed by _____

Father, Stepfather, or Male Guardian (circle):

Mother, Stepmother, or Female Guardian (circle):

Name (Last, First)

Name (Last, First)

Home Address

Home Address

Occupation/Title

Occupation/Title

Employer

Employer

Business Address

Business Address

Business Telephone (area code / number)

Business Telephone (area code / number)

Cell Phone

Cell Phone

E-Mail

E-Mail

Application Page 2. Child's Name _____

Names/ages of brothers & sisters _____

School child is currently attending _____ Previous schools _____

Emergency Medical Information *If parents cannot be reached in case of illness or emergency notify:*

1. Name _____ Address _____

Phone(s) _____ Relationship _____

2. Name _____ Address _____

Phone(s) _____ Relationship _____

Physician's Name _____ Phone _____

Physician's Address _____

Health Insurance Carrier _____ Policy # _____

Medication(s) being taken (name & purpose) _____

Please list any special health problems _____

Are there any other problems or circumstances about which we should know? _____

Releases and Statements of Agreement

Parents may not deduct any part of tuition for illnesses, legal holidays, professional days, personal vacations, school calendar vacations, school closing emergencies or any other reason.

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

Parent Name: _____ Signature: _____ Date: _____

FOR SCHOOL USE:

Received registration fee \$ _____ cash _____ check # _____ date _____

___ New Family ___ Continuing Child

___ Child Information Card

___ Tuition & Enrollment Agreement

___ Health Appraisal: New appraisal due _____

___ Immunizations