

 Novi Woods Montessori

Application for Enrollment

Child's Name: _____ **Birthdate:** _____

Father, Stepfather, or Male Guardian (circle):

Mother, Stepmother, or Female Guardian (circle):

Name (Last, First)

Name (Last, First)

Home Address

Home Address

Employer/Occupation

Employer/Occupation

Cell Phone

Cell Phone

Other Phone

Other Phone

e-mail

e-mail

Financial responsibility for child will be assumed by _____ Email for Billing _____

ALLERGIES OR FOOD RESTRICTIONS _____ Epipen: Yes/No Exp. Date _____

Any other medical condition or issue we should know about _____

Physician's Name: _____ Physician's Phone Number: _____

Health Insurance Carrier _____ Insurance Policy/Group Number: _____

Does your child need a nap? _____ In what school district do you reside? _____

Is your child fully toilet-trained? _____ (Pre-K students must be fully toilet-trained by the first day)

We occasionally post photos to our private newsletters. We will ask parents' permission before posting photos to any public forum such as social media or our website.

If you were referred by a family with a current student, list the student's full name _____

We want every child to be successful! While Montessori works for most children, it's not always a good fit. We are happy to discuss your child's progress in the first few weeks of enrollment if there's any concern. Parents are encouraged to let us know of any unique situations in order for us to help your child adapt & succeed!