

Application for Enrollment - Summer

Child's Name: _____ Birthdate: _____ Male/Female

Father, Stepfather, or Male Guardian (circle):

Mother, Stepmother, or Female Guardian (circle):

Name (Last, First)_____
Name (Last, First)_____
Number/Street_____
Number/Street_____
City, State, Zip_____
City, State, Zip_____
Employer (or note None)_____
Employer (or note None)_____
Cell Phone_____
Other Phone_____
Cell Phone_____
Other Phone_____
e-mail_____
e-mail

Is your child potty trained _____ Does your child take a nap _____

Financial responsibility 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: _____

In what school district do you reside? _____

Novi Woods Montessori occasionally takes photos of children in the classroom. Novi Woods Montessori never posts these photos on their website, social media accounts or advertising material without written consent from parents. Photos are included, however, in the weekly newsletter that is only sent to current families. Parents agree to allow their child to be included in these newsletter photos. If a parent wishes to opt out of these newsletter photos, they must sign a form that can be obtained in the office. Children with this form will not have their photo taken at all and photos will not be available for parents.

A \$40 non-refundable deposit is required to hold your spot for the summer session.

Parents agree to provide all food and drinks (unless purchasing hot lunch). Parents agree to provide naptime supplies, extra clothes and socks, diapers, wipes and any other supplies their child may need while in care. Novi Woods Montessori will not be responsible for damaged or missing personal possessions.

Parent Name: _____ Signature: _____ Date: _____

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