

## **Application for Enrollment**

Child's Name:	Birthdate:	Male/Female			
Father, Stepfather, or Male Guardian (circle):	Mother, Stepmoth	Mother, Stepmother, or Female Guardian (circle):			
Name (Last, First)	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	Cell Phone				
Other Phone	Other Phone				
e-mail	e-mail				
Financial responsibility will be assumed by	Email for Billing _				
ALLERGIES OR FOOD RESTRICTIONS	E	pipen: Yes/No Exp. Date			
Any other medical condition or issue we should kno	ow about				
Physician's Name:	Physician's Phone Number:				
Health Insurance Carrier	Insurance Policy/Group No	Insurance Policy/Group Number:			
In what school district do you reside?					
Novi Woods Montessori occasionally takes photos of chi social media accounts or advertising material without wr only sent to current families. Parents agree to allow their newsletter photos, they must sign a form that can be obtained in the available for parents.	itten consent from parents. Photos are incl ir child to be included in these newsletter pl	uded, however, in the weekly newsletter that is notos. If a parent wishes to opt out of these			
Parents agree to provide all food and drinks (unless purc diapers, wipes and any other supplies their child may necessional possessions.		· · · · · · · · · · · · · · · · · · ·			
Parent Name:	Signature:	Date:			
Parent Name:	Signature:	Date:			

Start Date:		

## Novi Woods Montessori

## **Enrollment Contract**

	E	nrollmeni	Contract	•	
Child's Name		_ (Male	_ Female	<b>)</b> Birthdate	
Schedule (circle one):	Preschool/Kindergarten Full Day (7am-6pm) k Options: 5 days o	Academic Da			
Tuition Schedule Worksheet My agreement to pay tuition limited to illnesses, legal holi utilities such as power and w	Novi Woods Montessori Cente will be billed on my child's first and other fees for the full peri idays, in-service days, personal vater, severe weather or any otl ment, I understand that a \$125 R	day of enrollmer od of enrollment vacations, school ner reason. Tuitio	nt and then on th (s) and is not sub calendar vacation on and other fees	e 1st of the month, with a par ject to adjustment for any reas ons, or school closing emergen	tial payment due on June 1 son, including but not cies including lack of
	ing: withdrawal during the academic yea on is still owed for those two weeks				
weeks, the first two weeks' tuiti	ot subject to adjustment because of on is still due. Beginning on the thi weekly tuition rate will be calculat	rd week and each v	veek following, you	will be charged half the tuition fo	
for staffing purposes. Additiona	n hourly rate of \$12/hour if your ch ally, a \$ 1.00 per minute fee will be immediately if you know you will b	assessed when a c	hild is picked up a	fter 6:00pm, payable directly to the	ne teacher caring for your
child's enrollment from the prog be requested in written form an Montessori is forced to take acti	ate fee of \$35.00 will be added to you gram. There will be a \$35.00 fee fo d will incur a \$35.00 administrative ion to collect any amount of unpaic illing fees, and/or costs associated w	or any checks that a charge. This fee w I tuition, then, the p	re returned to us a fill be waived if the parent will be respo	s NSF from your bank. Any change change is an increase in hours and onsible and hereby agrees to reimb	e in your child's schedule must I tuition. If Novi Woods
	en for a second child and all subsequent is given if the entire Academic		•	=	ts are given on the less
Academy), licensed by the Depa hereby release and discharge No had, now has or may have again	lare that I am the parent or legal gurtment of Human Services to securovi Woods Montessori, its agents, est the school, its successors or assigntessori or in procuring medical trea	e emergency medic mployees, and office gned, for all person	cal and/or emergen cers, from all claims al injuries or illness	cy surgical treatment for the aboves, demands, actions or judgments, which the child named above ma	e-named child while in care. I which the undersigned ever ly suffer or incur as a result of
diagnosed, or any diarrhea or vo	rour child will not be accepted at th omiting. Children must be fever-fre ne/she will be isolated from the oth	e and vomit-free fo	r 24 hours before r	eturning to school. If your child d	evelops any of the above
	ood and drinks (unless purchasing h hile in care. Novi Woods Montesso				diapers, wipes and any other
the Handbook which govern the understand that the Handbook t replaces and supersedes any pri	ed a copy of the Novi Woods Mont terms of the Tuition and Enrollmei together with the Tuition and Enrol or policies, procedures or Handboo ified, terminated or replaced by No ervices or graduation.	nt Contract and hav Iment Contract refl ks. I agree to confo	re been given an opects the current poorm to these policies	portunity to ask questions about to licies and procedures of Novi Woo es and procedures and understand	the content of the Handbook. Ids Montessori and that it that these policies and
child care centers must maintair (CAP). The notebook must include of all licensing inspection report	LICENSING NOTEBOOK Child Care On a licensing notebook which includ de all reports issued and CAPs deve s, special investigation reports and tion and special investigation repormichildcare.	es all licensing insp loped on and after all related correctiv	ection reports, spe May 27, 2010 until ve action plans. The	cial investigation reports and all re the license is closed. This center re notebook will be available to pare	elated corrective action plans maintains a licensing noteboo ents for review during regular
Parent Name:		Signature	<b>:</b> :		Date:
Parent Name:		Signature	2:		Date:

Rev: Jan 20 2020