| NORTHINGS                                       |                             |  | NOVI NO                     | RTHV                        | ILLE M                               | ONTESSORI CENTER   |
|---|-----------------------------|--|-----------------------------|-----------------------------|--------------------------------------|--|
| 25-26<br>ENROL                                  |                             |  | ΎΕΑR                        |                             |                                      | 248-348-3033<br>www.nnmcmi.com<br>23835 Novi Rd. Novi, MI 48375                |
| A P P L I<br>SEPT. 2, 2                         | САТІ                        | O N  |                             | FOR                         | <u>R NNMC C</u>                      | DFFICE:  |
|   | 520 JON                     |  | NTINF                       |                             | TION                                 | I  |
| Date of Birth:<br>Home Addres                   | ss:/_                       | /  | Gen                         | der: (                      | ) Male                               | () Female  |
| City:   |                             |  | Stat                        | e:                          | Zi                                   | p Code:  |
|   |                             |  | SESSIC                      | NS                          |                                      |  |
| 0<br>0<br>0                                     | <u>5 Half-Days</u>          | 9:00 am - 3<br>9:00 am - 1<br>9:00 am - 3        | 2:00 pm o                   |                             |                                      | 00 pm<br>Vednesday, Thursday   |
|   |                             | R E G  | ISTRAT                      | IONF                        | EE                                   |  |
| C   | ) New Stude                 | nt - \$300                                       |                             | O Re                        | turning S                            | Student - \$280  |
| How did you l<br>Are there any<br>Are there any | problems or                 | circumstance                                     | es, which we                |                             | know abo                             | out ?  |
|   | -                           | тоі  | LET-TR                      | ΔΙΝΙ                        | NG                                   |  |
| If marked N                                     | <b>VO</b> , we will be l    | ained (withou                                    | ut any bathro               | oom assi<br>training a      | stance)?<br>nd an ext                | P ○Yes ○ No<br>tra <b>fee of \$250</b> will be                                 |
|   | В                           | EFORE 8  | AFTER                       | CAR                         | E FE                                 | ES   |
| Please selec                                    | t the followir              | ng if you woul                                   | d like add yo               | our child                   | in dayca                             | re.  |
| MONDAY   AM:   PM:   AM/PM                      | TUESDAY   AM:   PM:   AM/PM | WEDNESDAY   AM:   PM:   AM/PM                    |                             | FRIDA<br>AM:<br>PM:<br>AM/F |                                      | DAYCARE PAYMENT<br>HOURLY:<br>MONTHLY:<br>*Please see tuition sheet for price. |
|   | DA                          | YCARE HOURS                                      | <b>5</b> <u>AM:</u> 7am - 9 | am & <u>H</u>               | <u>-М</u> : 3рт -                    | - 6pm  |
| Would you lik<br>(Usually for C                 |                             |  | <b>NAP-T</b><br>ay? O Yes   |                             | 0                                    | <b>*If yes</b> , please provide a pillow,<br>crib sheet, & blanket.            |
|   |                             |  | UNCH P                      | ROG                         | RAM                                  |  |
|   |                             | 5 Full Day Stud<br>acks and water<br>to have NNM |                             | -                           | ges or ex<br>J <b>NCH FEL</b><br>Yes | ceptions. You are still required to<br><b>E: \$50/month</b><br>O No            |

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# **NOVI NORTHVILLE MONTESSORI CENTER**

## 2 0 2 5 - 2 0 2 6 E N R O L L M E N T A P P L I C A T I O N

### CHILD'S NAME:

| STUDENT MEDIC   | CAL INFORMATION      |  |  |  |  |  |  |
|---|----------------------|--|--|--|--|--|--|
| Physician's Name  |                      |  |  |  |  |  |  |
| Address   |                      |  |  |  |  |  |  |
| Phone Policy #  |                      |  |  |  |  |  |  |
| Health Insurance Carrier:   |                      |  |  |  |  |  |  |
| Medication Being Taken<br>(name & purpose if applicable)            |                      |  |  |  |  |  |  |
| PARENT CONTAC   | T INFORMATION #1     |  |  |  |  |  |  |
| Please Choose One: Father / Stepfather / Male Guardian Cell Phone   |                      |  |  |  |  |  |  |
| Parent/Guardian Name  |                      |  |  |  |  |  |  |
| Home Address  |                      |  |  |  |  |  |  |
| Name of Employer  | Work Phone           |  |  |  |  |  |  |
| Email   | Home Phone           |  |  |  |  |  |  |
| PARENT CONTAG   | CT INFORMATION #2    |  |  |  |  |  |  |
| Please Choose One: Mother / Stepmother / Female Gaurdian Cell Phone |                      |  |  |  |  |  |  |
| Parent/Guardian Name  |                      |  |  |  |  |  |  |
| Home Address  |                      |  |  |  |  |  |  |
| Name of Employer  | Work Phone           |  |  |  |  |  |  |
| Email   | Home Phone           |  |  |  |  |  |  |
| PLEASE FILL OUT   | W/ FIRST & LAST NAME |  |  |  |  |  |  |
| Name of Person you would prefer us to call first                    | :                    |  |  |  |  |  |  |
|   | vailable:            |  |  |  |  |  |  |
| Name of Person other than Parent, child may be                      | released to:         |  |  |  |  |  |  |
| Name of Person child may NOT be released to:                        |                      |  |  |  |  |  |  |
| Who does the child live with:                                       |                      |  |  |  |  |  |  |
| Who is responsible for payment?                                     |                      |  |  |  |  |  |  |
| MEDICAL   | RELEASE:             |  |  |  |  |  |  |

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

**PARENT or GUARDIAN SIGNATURE:** 

# **NOVI NORTHVILLE MONTESSORI CENTER**

## 2 0 2 5 - 2 0 2 6 E N R O L L M E N T A P P L I C A T I O N

#### FIELD TRIPS

There are 3 field trips during the school year. One will be held at NNMC, and the others will be offsite requiring at least one parent attends.

### HOT LUNCH PROGRAM

Only available for 5 Full-day Students. Our sister school Minto's Casa Childcare provides a Hot Lunch Menu made fresh daily and meets all school standards. There is a monthly fee of \$50 due on the 1st of each month, along with a hot lunch sign-up sheet (please contact the office for more information).

#### STUDENT SWEATSHIRT

All new students need to purchase an NNMC sweatshirt. Sweatshirt fee has been added to the registration fee for new students.

#### TUITION CHARGES

Monthly tuition payments are due the first of each month - you will receive an invoice regardless of your payment method. Monthly tuition payments received after the 5th working day after the due date is subject to a \$50 late fee/month. Tuition not paid for more than one month can result in dismissal of the child from NNMC.

A 10% discount on the tuition amount will be given to the second child (sibling discount) enrolled from the family in the current year.

Tuition is not subject to adjustment due to absence, illness, vacations, snow days or holidays. If your child will be absent from school for an extended period, tuition will still be due. If you choose to dis-enroll child and re-register at a later date (within the same school year), we cannot guarantee a spot for your child, and you will need to pay a registration fee again, 1st payment in full, and the next full payment fee depending upon the month you are reenrolling. NNMC will follow ALL snow days as the Novi School District. No makeup days or reimbursements are given for snow days or any other emergencies.

The enrollment is valid upon completion of the registration packet and payment of both the NON-REFUNDABLE registration amount and the first payment amount - by cash or check (For online payment, please contact the office at nnmcmi@gmail.com). The first payment and the registration amount are not a deposit. It is not refundable any time of the school year or if you decide to dis-enroll for any reason.

The first month will be considered an assessment period. If, in the determination of Novi Northville Montessori Center (NNMC), the child is not suited for the Montessori environment, the enrollment will be cancelled and a full refund of the first payment amount will be made. If the parents decide to dis-enroll their child, there is no refund.

#### ENROLLMENT DURING THE SCHOOL YEAR

For enrollments occurring after October 1st, the first payment will be paid in Full. The next payment fee will be reduced by 10% per month, depending on the month the child starts school. There is no tuition in June/July/August. Summer Program is separate, please reach out to the office for more information.

# NOVI NORTHVILLE MONTESSORI CENTER

## 2 0 2 5 - 2 0 2 6 E N R O L L M E N T A P P L I C A T I O N

### CHILD'S NAME:

#### DAYCARE CHARGES

Students enrolled in our daycare program may choose a monthly rate or an hourly rate of \$12.00 per hour with one-hour minimum per day. Drop-in daycare is available at \$15.00 per hour (1-hour min.). Drop-in daycare must be scheduled at least a day in advance and is available if capacity is not exceeded. Daycare charges will be billed at the end of the month. Daycare payments received after the due date are subject to a \$25 late fee. Daycare is provided until 6:00 PM only. If there is a delay in picking up your child, there will be a late charge of \$10.00 for every 5 minutes or part thereof after 12:00 p.m. or 3:00 p.m. or 6:00 p.m. If this occurs more than once, there will be an additional \$25 late fee penalty.

#### PERMISSION TO RELEASE CHILD

Please inform the school if your child is going to be picked up by someone else other than you. Please make sure their contact information is listed on the child information record you completed with your registration form. <u>We must have written permission via email or a phone call to the</u> <u>school of your intentions. Your child will not be released to anyone else without your</u> <u>permission</u>.

### RELEASES AND STATEMENT OF AGREEMENT

**MEDICAL RELEASE:** I hereby declare that I am the parent or legal guardian of the child named on page 1. I give my consent, in the event that all reasonable attempts to contact me or designated persons above have been unsuccessful, for Novi Northville Montessori Center personnel to seek treatment by the physician named above, or in the event the preferred physician is not available, by another licensed physician. I hereby release and discharge Novi Northville Montessori Center, its employees, and officers, from all claims, demands, actions, or judgments which the undersigned ever had, or has, or may have against the school, its successors or assigned, for all personal injuries, illnesses, or administration of epipen if needed, which the child named above may suffer or incur as a result of the actions of Novi Northville Montessori Center in procuring medical treatment. I certify that the child named above is in good health and free from any communicable disease or illness.

**MODEL/PUBLICITY RELEASE:** I give permission for the above-named child's name, photograph, video, or voice recording to be used for informational or publicity purposes in news stories, press releases, or similar items.

**FIELD TRIP PERMISSION/RELEASE:** I give permission for the above-named child to participate in field trips or outings with Novi Northville Montessori Center. On any field trip or outing, I understand that NNMC is not responsible for unavoidable accidents, negligence or actions of persons not employed by or acting for NNMC.

**FOOD AGREEMENT:** I agree to provide lunch (unless signed up for hot lunch program), snacks, & water for my child on days when she/he will be at the school.

**PAYMENT AGREEMENT:** I understand that children are enrolled from End of August/ Beginning of September to the 1st week of June and that my agreement to pay tuition for the full period of enrollment is not subject to adjustment because of illness, absence, vacations/holidays,

emergencies, snow days or withdrawal from school. I agree to pay, when applicable, other fees. These may include registration, first payment, hourly daycare, late payment or NSF fees, late pickup charges, charges for field trips or lunch. I understand that my child may be denied admission to school and that records may be held if tuition or fees are not paid in a timely manner. **STATEMENT OF UNDERSTANDING:** I have read, and have been given a copy of, the program description, policies, and information, daycare policies, and the tuition and fee schedule of NNMC.

I understand and agree to abide by these policies and tuition and fee schedules.

PARENT or GUARDIAN SIGNATURE:

DATE: