

NOVI NORTHVILLE MONTESSORI CENTER

nnmcmi@gmail.com

248-348-3033

www.nnmcmi.com

23835 Novi Rd. Novi, MI 48375



2026-2027 SCHOOL YEAR ENROLLMENT APPLICATION

FOR NNMCM OFFICE ONLY:

STUDENT INFORMATION

Child's First Name: _____ Child's Last Name: _____

Date of Birth: ____ / ____ / ____ Gender: Male Female

Home Address: _____

City: _____ State: _____ Zip Code: _____

SESSIONS

- 5 Full-Days: 8:30 am - 3:30 pm
- 5 Half-Days: 8:30 am - 12:00 pm or 12:00 pm - 3:30 pm
- 3 Full-Days: 8:30 am - 3:30 pm *ONLY: Tuesday, Wednesday, Thursday*

REGISTRATION FEE

- New Student - \$300 Returning Student - \$280

ABOUT YOUR CHILD

School your child is currently attending: _____

How did you learn about our school? _____

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

Are there any dietary restrictions or allergies? _____

TOILET-TRAINING

Is your child fully potty-trained (without any bathroom assistance)? Yes No

*If marked **NO**, we will be helping your child with toilet training and an extra **fee of \$250** will be added to your monthly invoices until your child is full potty trained.*

BEFORE & AFTER CARE

Select the following if you would like add your child in daycare.

<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
AM: _____	AM: _____	AM: _____	AM: _____	AM: _____
PM: _____	PM: _____	PM: _____	PM: _____	PM: _____
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM

DAYCARE PAYMENT CHOICE

HOURLY: _____

MONTHLY: _____

*Please see tuition sheet for price.

DAYCARE HOURS AM: 7am - 8:30am & PM: 3:30pm - 6pm

NAP-TIME

Would you like your child to nap each day? Yes No
(Usually for Children Under 4 yrs. old)

**If yes, please provide a pillow, crib sheet, & blanket.*

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ENROLLMENT APPLICATION

CHILD'S NAME: _____

STUDENT MEDICAL INFORMATION

Physician's Name _____
Address _____
Phone _____ Policy # _____
Health Insurance Carrier: _____
Medication Being Taken _____
(name & purpose if applicable)

PARENT CONTACT 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 CONTACT 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: _____
Name of Person to be notified if Parent is not Available: _____
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: _____

DATE: _____

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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.

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 re-enrolling. 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 nmcmi@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 (due at registration) will be prorated (10% for October enrollment, 20% for November enrollment, and so on). The first payment and the registration fees are non-refundable. In addition, a monthly payment will be due starting the month of enrollment. There is no tuition in June/July/August. The Summer Program is separate; please reach out to the office for more information.

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.

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CHILD'S NAME: _____

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. **We must have written permission via email or a phone call to the school of your intentions. Your child will not be released to anyone else without your permission.**

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.

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, 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: _____/_____/_____