



**NOVI NORTHVILLE MONTESSORI CENTER**

23835 Novi Road  
Novi, MI 48375  
(248) 348-3033  
[nnmcmi@gmail.com](mailto:nnmcmi@gmail.com)

*\*Please sign the last page.*

**FALL REGISTRATION APPLICATION**

September 3, 2024 – June 6, 2025

**CHILD'S FIRST NAME:**

\_\_\_\_\_

**CHILD'S LAST NAME:**

\_\_\_\_\_

<b>5 Half-day Session</b>
____ AM 9:00 – 12:00
____ PM 12:00 – 3:00

<b>5 Full-Day Session</b>
____ 9:00 AM – 3:00 PM

<b>3 Full-Day Session (T/W/TH) *</b>
____ 9:00 AM – 3:00 PM

\*Days NOT subject to change

<b><u>REGISTRATION FEE</u></b>	
Returning Student:	\$280
New Student:	\$300

**Please Print Legibly – We use these documents for student records and emergencies.**

\_\_\_\_\_  
Parent's Name (Please Print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Email Address 1

\_\_\_\_\_  
Parent Email Address 2

**Please make checks payable to: Minto's Casa Novi.** To pay online please contact the office at [nnmcmi@gmail.com](mailto:nnmcmi@gmail.com). **NOTE:** We do not issue invoices for monthly tuition. If you require a receipt or statement for your flexible / dependent spending account, please inform the office.



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**Child's Name:** \_\_\_\_\_  **Pre-K**  **Kindergarten** (Child must be 5 by 9/1/24)  **1<sup>st</sup> Grade** (Already Enrolled)

**5 FULL DAYS**  **5 HALF DAYS**  **3 FULL DAYS**

Allergies or foods which should not be eaten: \_\_\_\_\_  
\_\_\_\_\_

**Father, Stepfather, or Male Guardian (circle)**

1. \_\_\_\_\_  
Print Full Name
2. \_\_\_\_\_  
Home Address                      Apt. #                      City                      Zip
3. \_\_\_\_\_  
Home Phone
4. \_\_\_\_\_  
Name of Employer
5. \_\_\_\_\_  
Business Telephone
6. \_\_\_\_\_  
Cell Phone

Name of person you would prefer us to call first: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name of person to be notified when Parent is not Available: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name of person other than Parent child may be released to: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name of person child may NOT be released to: \_\_\_\_\_  
 Who does child live with: \_\_\_\_\_ Who is responsible for payment? \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Health Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_  
 Medication being taken (name and purpose if applicable): \_\_\_\_\_

**Birth Date** \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_  
**DAYCARE:** Yes No (Circle One)  
 Special Health Problems: \_\_\_\_\_

**Mother, Stepmother, Female Guardian (circle)**

1. \_\_\_\_\_  
Print Full Name
2. \_\_\_\_\_  
Home Address                      Apt. #                      City                      Zip
3. \_\_\_\_\_  
Home Phone
4. \_\_\_\_\_  
Name of Employer
5. \_\_\_\_\_  
Business Telephone
6. \_\_\_\_\_  
Cell Phone

**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 named 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 judgments 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's or Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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Child's Name \_\_\_\_\_  
Last First

School child is currently attending: \_\_\_\_\_

Previous schools or childcare experiences and dates enrolled: \_\_\_\_\_  
\_\_\_\_\_

How did you learn about our school - Novi-Northville Montessori? \_\_\_\_\_

Are there any other problems or circumstances, which we should know about in order to help your child? \_\_\_\_\_  
\_\_\_\_\_

Any dietary DO's or DON'Ts? \_\_\_\_\_

General behavior and temperament of the child? \_\_\_\_\_  
\_\_\_\_\_

What is your child's toilet habits? \_\_\_\_\_

If there are any other things you feel the staff should know about your child, please describe them below. These insights often can be very helpful to the teacher working with your child. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Would you like your child to nap each day?** Yes \_\_\_\_ No \_\_\_\_

Students nap between 1:00 and 2:30 p.m.



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**Does your child need DAYCARE?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, check which days:

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_

**Please list hours (AM Daycare 7-9) (PM Daycare 3-6)**

AM Start Time: \_\_\_\_\_ PM End Time: \_\_\_\_\_

**Daycare payment please choose one:** \_\_\_ hourly rate    \_\_\_AM monthly rate    \_\_\_PM monthly rate    \_\_\_AM/PM monthly rate

**Occasional Drop-in Daycare must be scheduled 24 hours in advance at a rate of \$15.00 / hr. if space is available (minimum 1 hr.)**

**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- Full-day Students Only:** 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 1<sup>st</sup> of each month, along with a hot lunch sign-up sheet (please contact the office for more information.)

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

**TUITION AND DAYCARE CHARGES:** Monthly tuition payments are due the first of each month - the office does not send reminders. Please keep this sheet as a ready reference. 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 enrolled from the family in the current year.

Students enrolled in our daycare program may also choose 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 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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**REGISTRATION and REFUND POLICY:** 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](mailto: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 disenroll for any reason.

The first month will be considered an assessment period. If, in the determination of the 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 disenroll their child, there is no refund.**

**ENROLLMENTS OCCURRING DURING THE 2024-2025 SCHOOL YEAR AFTER OCTOBER 1, 2024:** For enrollments occurring after October 1, 2024, 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 or July. Summer Program is separate, please reach out to the office for more information.

**TUITION IS NOT SUBJECT TO ADJUSTMENT DUE TO ABSENCE, ILLNESS, VACATIONS, SNOW DAYS OR HOLIDAYS:** 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, you have the choice of canceling your child's enrollment and reenrolling upon your return - or paying the monthly fee while your child is absent in order to retain the spot for your child. If you choose to re-register, we cannot guarantee a spot for your child, and you will need to pay a registration fee again, 1<sup>st</sup> payment in full, and a prorated 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.

**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.**



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**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 epi-pen 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.

**LUNCH AGREEMENT:** I agree to provide lunch for my child on days when she/he will be at the school (Unless Paid for Hot Lunch).

**PAYMENT AGREEMENT:** I understand that children are enrolled from 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, 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'S OR GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_