

Application for Admission

Applicant's Information:

Child's Name:

Date of Birth: Age in Last Sept:

Gender: Male Female

Home Address:

Street: Apt/Unit:

City: State: ZIP:

Phone: - - Alternate Phone: - -

Correspondence regarding this application should be addressed to:

Same as above home address

Name:

Street: Apt/Unit:

City: State: ZIP:

Phone: - - Alternate Phone: - -

School district in which residence is located:

Child lives with:

Mother Father Stepfather Stepmother Other

Family Information:

Parents Marital Status: Married Separated Divorced

Any Deceased Parents: None Mother Father

		<i>Name</i>	<i>Age</i>
Sibling 1:	<input checked="" type="checkbox"/> Brother <input checked="" type="checkbox"/> Sister	<input type="text"/>	<input type="text"/>
Sibling 2:	<input checked="" type="checkbox"/> Brother <input checked="" type="checkbox"/> Sister	<input type="text"/>	<input type="text"/>
Sibling 3:	<input checked="" type="checkbox"/> Brother <input checked="" type="checkbox"/> Sister	<input type="text"/>	<input type="text"/>

Current and previous schooling/child care:

	<i>School/Child Care Name</i>	<i>Enrollment Dates</i>
Current:	<input type="text"/>	<input type="text"/> to <input type="text"/>
Previous:	<input type="text"/>	<input type="text"/> to <input type="text"/>
Previous:	<input type="text"/>	<input type="text"/> to <input type="text"/>

Financial Responsibility for child will be assumed by:

Person 1: Father Mother Stepfather
 Stepmother Male Guardian Female Guardian

Name: *First* *Middle* *Last*

Address: Same as above home address Same as above correspondence address Below

Street: Apt/Unit:

City: State: ZIP:

Phone: - - Alternate Phone: - -

SSN: - -

Occupation:

Employer Information:

Employer:

Street: Apt/Unit:

City: State: ZIP:

Work Phone: - - Alternate Phone: - -

Financial Responsibility for child will be assumed by:

Person 2: Father Mother Stepfather
 Stepmother Male Guardian Female Guardian None

Name: *First* *Middle* *Last*

Address: Same as above home address Same as above correspondence address Below

Street: Apt/Unit:

City: State: ZIP:

Phone: - - Alternate Phone: - -

SSN: - -

Occupation:

Employer Information:

Employer:
Street: Apt/Unit:
City: State: ZIP:
Work Phone: - - Alternate Phone: - -

Emergency Medical Information:

If parents/guardian cannot be reached in case of illness or emergency, notify:

Person 1:

Name: *First* *Middle* *Last*
Relation:
Address: Same as above home address Same as above correspondence address Below
Street: Apt/Unit:
City: State: ZIP:
Phone: - - Alternate Phone: - -

Person 2:

Name: *First* *Middle* *Last*
Relation:
Address: Same as above home address Same as above correspondence address Below
Street: Apt/Unit:
City: State: ZIP:
Phone: - - Alternate Phone: - -

Physician's Information:

Name: *First* *Middle* *Last*
Street: Apt/Unit:
City: State: ZIP:
Phone: - - Alternate Phone: - -

Health Insurance Carrier:

Policy #:

Medication(s) being taken:

	<i>Name</i>	<i>Purpose</i>
Medicine 1:	<input type="text"/>	<input type="text"/>
Medicine 2:	<input type="text"/>	<input type="text"/>

Specify special health problems, if any:

Specify other problems or circumstances to be known, if any:

Specify allergies and/or food to be avoided, if any:

Releases and Statements of Agreements

MEDICAL RELEASE: I hereby declare that I am the parent or legal guardian of the above-named child. I give my consent, in the event that all reasonable attempts to contact me or the designated persons above have been unsuccessful, for Novi Woods Montessori Center personnel to seek treatment by the physician named above, or in the event the preferred practitioner is not available, by another licensed person.

I hereby release and discharge Novi Woods Montessori Center, its agents, employees, and officers, from all claims, demands, actions or judgments which the undersigned ever had, now 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 Woods Montessori Center or 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 Woods Montessori Center. Transportation, when necessary, will be provided by private car, with each child restrained in a seat belt. Supervision will be provided by Novi Woods Montessori Center staff and parents or volunteers. On any field trip or outing, I understand that Novi Woods Montessori Center is not responsible for unavoidable accidents or the negligence or actions of persons employed by or acting for Novi Woods Montessori Center.

LUNCH AGREEMENT: I agree to provide a lunch for my child on days when he/she will be at the Center during lunch period.

PAYMENT AGREEMENT: I understand that children are enrolled for the full year (or portion remaining), and that my agreement to pay tuition for the full period of enrollment is not subject to adjustment because of illness, absence, or withdrawal from school. I agree to pay, when applicable, other fees. These may include registration or reenrollment fees, hourly day care, late payment or NSF fees, late pickup charges, or an occasional charge for a field trip. 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 the program description, policies, and information, and tuition and fee schedule of Novi Woods Montessori Center. I understand and agree with the philosophy and policies, and accept the conditions and the terms stated therein.

Parent's or Guardian's Signature _____ Date _____