NOVI CO-OP PRESCHOOL

A play-based Kindergarten readiness program for 2 to 5 year olds
41671 Ten Mile Road ♥ Novi, MI 48375 ♥ (248) 349-3223 ♥ www.novipreschool.com

REGISTRATION FORM FOR FALL 2010 PARENT/CHILD PROGRAM – SESSION II
$70 FOR 7 WEEKS OF CLASS

This completed application form must be returned with a $15.00 registration fee.*

Session Preference: Wednesdays
___ 9:30 AM – 10:45 AM

Thursdays
___ 9:30 AM – 10:45 AM
or
___ 11:00 AM – 12:15 PM

CLASSES RUN OCT 27 - DEC 16. THERE ARE NO CLASSES NOV 24-25.

Child's Full Name: _____ Nickname: _____ Age: _____

Child's Gender: _____ Male _____ Female Birthday: _____
Month Day Year

Parent/Guardian's Full Name:

Father: _____ Occupation: _____
(Present or prior to having children)

Mother: _____ Occupation:_____
(Present or prior to having children)

Home Address: _____ Phone: ( ) _____ Home
( ) _____Cell

City: _____ State: _____ Zip: _____ Email: _____

Are you a returning Novi Co-op Parent / Tot family? ___ Yes ___ No

Does your child speak English: ___Yes ___ No (Other language: _____)

Does your child have any allergies? ___ Yes ___ No (If Yes, please explain) _____

Does your child have any disabilities or special needs? _____

I understand that the $15.00 registration fee is non-refundable, unless the minimum class enrollment of 4 students is not met. I also understand that it is my responsibility to supervise my child while using any Novi Co-op facility, and therefore waive the Novi Co-op Preschool and its instructors from any liability resulting from injury to my child while on the premises.

****The registration fee is due one time per school year.***

Parent/Guardian Signature:

Name: _____ **Date:** _____

For official use: Date: _____ **Registration fee received:** _____ **By:** _____

A non-profit and non-discriminatory preschool