



A play-based Kindergarten readiness program for 3 and 4 year olds  
41671 Ten Mile Road Novi, MI 48375 ♥ (248) 349-3223 ♥ www.novipreschool.com

**REGISTRATION FORM FOR FALL 2010 PARENT/CHILD PROGRAM**

This completed application form must be returned with a \$15.00 **non-refundable** registration fee\*.

**Session Preference:**

WEDNESDAY:

\_\_\_ **Session I:** (9/8/10-10/20/10)  
\_\_\_ 9:30 AM – 10:45 AM

\_\_\_ **Session II:** (10/27/10 - 12/15/10) No Cl. Nov 24  
\_\_\_ 9:30 AM – 10:45 AM

\_\_\_ Both sessions I & II

THURSDAY:

\_\_\_ **Session I:** (9/9/10-10/21/10)  
\_\_\_ 9:30 AM – 10:45 AM

Or  
\_\_\_ 11:00 AM – 12:15 PM

\_\_\_ **Session II:** (10/28/10-12/16/10) No cl. Nov. 25  
\_\_\_ 9:30 AM – 10:45 AM

Or  
\_\_\_ 11:00 AM – 12:15 PM

\_\_\_ Both sessions I & II

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? \_\_\_\_\_

- Enclosed is a check for (circle one):**
- \$ 70 (tuition for one session, already paid reg. fee)**
  - \$ 85 (\$70 tuition for one session + \$15 registration fee)**
  - \$140 (tuition for both sessions, already paid reg. fee)**
  - \$155 (\$140 tuition for both sessions + \$15 registration fee)**

*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: \_\_\_\_\_