



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)
 FULL 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
 FULL 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: _____