



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 THE 2018-2019 SCHOOL YEAR

For more than one child please complete an additional form.

This completed form must be returned with a non-refundable \$25 application fee to reserve a spot for each student.

Class Preference:

2 Year Old Program: _____ Wed OR Thurs (circle one) 9:30am - 10:45am (\$10/day = \$300/year)

*Held in 2 sessions: Session 1 (Sept - \$140) Session 2 (Jan - \$160)

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

Child's Gender: _____ Male _____ Female Birthday: _____

Month Day Year

Father/Guardian's Full Name: _____ Occupation: _____
(Present or prior to having children)

Mother/Guardian's Full Name: _____ Occupation: _____
(Present or prior to having children)

Home Address: _____ Phone: (#1) _____
(#2) _____

City: _____ State: _____ Zip: _____ Email: (#1) _____
(#2 optional) _____

How do you prefer to receive school communications? _____ Email & Text _____ Mail & Phone

Are you a returning Novi Co-Op family? ___ Yes ___ No

Does your child speak English: ___ Yes ___ No Other language: _____

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

Does your child have any disabilities or special needs? _____

How did you hear about Novi Co-Op Preschool? _____

We the parents of the above named child, in signing this application agree to comply with all rules and conditions of the Novi Co-Op Preschool. We understand that the application alone - without payment - does not secure placement of the above child. We agree that if we are convicted of a felony in the future, we must notify the Board of Directors of the Novi Co-Op Preschool.

Parent/Guardian Signatures:

Parent/Guardian 1: _____ Date: _____
Have you ever been convicted of a felony? ___ Yes ___ No

Parent/Guardian 2: _____ Date: _____
Have you ever been convicted of a felony? ___ Yes ___ No

For official use: Date: _____ Application fee amount received: _____ Check #: _____ By: _____