



MCNS Enrollment Package 2019-2020 - Welcome!

Welcome (or welcome back) to Marlborough Cooperative Nursery School (MCNS)! We are very excited to be working with you and your child. We have a wonderful, caring school where children learn through play each and every day.

This package contains the enrollment forms required for your child to attend our school and is due no later than 30 days before the start of the school year.

You can complete these enrollment forms digitally. First save this file to your computer, then open up and complete all forms, save again and email to mcnsboard@gmail.com.

You can also mail the forms to MCNS, P.O. Box 116, Marlborough, CT 06447 (Attention: Enrollment).

In order to fully complete your child's enrollment at MCNS, the following is required:

- Completed Enrollment Package forms (this document)
- Preliminary Registration Form
- Registration Fee (\$85)
- The last month's tuition payment (see handbook for tuition amounts)
- Health Form signed by child's physician
- Review and understanding of the MCNS handbook (located online www.marlboroughcoop.org).

Please refer to the MCNS handbook for all our policies, procedures and tuition payment schedule. This handbook must be read and understood before the signing of this enrollment package. If you have any questions, you can contact the Enrollment Chair at any time:

Jennifer Coffield
Enrollment Chair
860-967-5813
mcnsboard@gmail.com

Thank you, we are excited to have you join the MCNS family!



Student Name: _____

__ 3 Year Old Class: Tuesday, Friday, 8:45 a.m. - 11:30 p.m.

__ 4 Year Old Class: Monday, Wednesday, and Thursday, 8:45 a.m. - 1:00 p.m.

Early Drop Off Option (Limit of 5 students per class)

__ I request early drop off at 8:30 a.m. for an additional \$30/month or \$10/early drop off (Note: this additional 15 minutes is not an instructional period of time, however students are supervised and have access to toys)

Student Information

Child's Nickname _____ DOB _____ Male Female

What name would you like the child to learn how to spell?

Primary Address: _____

Primary Phone #: _____

Mother's Name: _____

Email: _____

Work #: _____

Cell# _____

Occupation: _____

Employer's Address: _____

Father's Name: _____

Email: _____

Work #: _____

Cell# _____

Occupation: _____

Employer's Address: _____

Child's Doctor: _____

Phone Number: _____

Doctor's Address: _____

Does your child have playmates? _____ What ages? _____

Is your child shy?



Does your child have any specific behavioral concerns? _____ If yes, please describe:

Please list any allergies, medical concerns or other needs:

Glasses: ____Y ____N Hearing Problem: ____Y ____N

Is your child left or right handed? _____

Is your child fully potty trained? _____

Can your child dress him or herself? (check if yes) Zip? Button? Boots? Tie?

Do you or a family member have a special interest or talent that you would be willing to share with the class?

Who are the other children in your family?

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Emergency Notification and Pick Up

In case of emergency, either on premises or during a field trip, I give permission for my child to have emergency treatment administered by an accredited medical person and to be transported to a medical facility. Additionally, if I cannot be reached, I give permission for my child to be released to:

Name: _____ Home/Cell # _____ Relation: _____

Name: _____ Home/Cell # _____ Relation: _____

Parent's Signature _____ Date _____

Pick Up Permission Slip

Please provide us with a list of those people who have permission to transport and pick up your child from school. This list will be kept on file and should be updated as needed. Anyone picking up your child must have proper child seats. If there is a specific day someone else will be picking up your child on a regular basis, please write which day below.

Name: _____ Home/Cell # _____ Relation: _____

Name: _____ Home/Cell # _____ Relation: _____

Name: _____ Home/Cell # _____ Relation: _____

Name: _____ Home/Cell # _____ Relation: _____



MCNS assumes no responsibility for children during the time school is not in session.

Parent's Signature _____ Date _____

2019-2020 Photography Policy

Photographs of the children may be taken in the classroom or on school field trips, which may be used in school informational material such as brochures, presentations and the MCNS website; and/or submitted for inclusion in local newspapers. The children may be identified by name.

I give permission for photos that include my child to be used in this way.

I do not want photos that include my child to be used in this way.

Job Choice

Please refer to the MCNS Handbook for a list of jobs and their descriptions. Then choose which job you would like to hold, with two different backup options. Alternatively, you can choose the Job Buy Out Option (see below for more information).

Job Choice 1: _____ Job Choice 2: _____

Job Choice 3: _____

I choose the Job Buy Out and agree to pay \$275 for the school year (this can be paid in one installment, or in 6 monthly payments).

More about the Buy Out Option: There are situations in which a parent is unable to participate in a Parent Job and still want their children to be part of the MCNS family. That's okay too! As long as we have the critical roles filled, MCNS will accept a Cooperative Job Buy Out of \$275 for the year.

MCNS Parent Agreement

I agree to the following:

- To pay a non-refundable \$85 registration fee.
- To send all required forms to the school within 30 days of registration and before the start of school. (Email or Mail to MCNS, P.O. Box 116, Marlborough, CT 06447)
- To pay the last month's tuition (non-refundable) within 30 days of registration or prior to the start of the school year if registering within 1 month of the start of school. (I also understand failure to pay this payment may result in my child's class position being reassigned).
- To pay tuition due on the fifteenth of each month, but no later than the 20th beginning on August 15th and ending on April 15th.
- To perform my assigned parent job or pay cooperative job buyout fee (if available).
- To participate in all mandatory volunteer activities.
- To read and understand the MCNS Parent Handbook and address any concerns to a member of the Executive Board.
- To keep an up-to-date health form on file for my child.



PLEASE NOTE: A member will be required to pay a fine (within 30 days of written notification) if at any time the said elements of this contract are broken. The Executive Board is responsible for setting the dollar amount of the fines each year. Upon a third offense of not meeting the requirements of this contractual agreement, a member will be notified that their contract is no longer valid.

Parent's Signature _____ Date _____

Reminder: A current Health Assessment Form is required as of your child's most recent birthday (can be found on the MCNS website, online, or with your pediatrician.