



MCNS Enrollment Package 2020-2021 - 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:

Hannah Wheeler
Enrollment Chair
401-578-0567
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, 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? _____

Is there anything we should know about your child's play with other children, by themselves, or any concerns?

What kinds of activities does your child enjoy? Are there activities your child avoids?

How would you describe your child's temperament and personality?

Has your child been in child care before? _____

Is your child comfortable in group situations? Y ___ N ___

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

Do you have any concerns about your child's development? Yes ___ No ___
Language ___ Gross Motor ___ Fine Motor ___ Social ___ Other

What is your child's primary spoken language? _____ Are there other languages being used with your child? _____

Please list any allergies, medical concerns or other needs:

Glasses: Y ___ N ___ Hearing Problem: Y ___ N ___

Is your child left or right handed? _____

Check any that apply:

Fully Potty trained? Can dress him/herself? 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: _____

Does your family have any pets? _____

What are your expectations or hopes for your child at our child care center?

Is there anything else regarding your family, extended family or child that you would like to share with us?

How did you hear about Marlborough Cooperative Nursery School?



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 _____

2020-2021 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.



MCNS Disciplinary and Dismissal Policy

Disciplinary:

The goal of discipline is to help children develop inner controls so that they may move toward appropriate social behavior. At MCNS we use a positive discipline approach whenever possible, and conflicts are generally resolved by setting clear limits, redirecting children and using positive guidance.

When disputes arise among children or between a child and teacher, the teacher will encourage children to talk about the situation and help them describe and acknowledge their feelings. Children will be encouraged to think of and implement solutions whenever possible.

Should behavior need to be discussed with parents/guardians it will be done at a mutually agreed date and time, not during pick up or in the presence of children.

A child who is overly aggressive or is repeatedly destructive of other children's work may be asked to make an activity choice in another area if talking things through has not resulted in improved self-control. Staff will continuously supervise children during disciplinary actions.

Staff shall not be abusive, neglectful or use physical, corporal, humiliating or frightening punishment under any circumstances. No child shall be physically restrained unless it is necessary to protect the safety and health of the child or another child or adult.

Dismissals:

No child may be dismissed without a majority vote of the Executive Board. A dismissal may be indicated for any of the following reasons: 1. Failure to cooperate with bylaws and activities. 2. Delinquent account. 3. Upon recommendation of the Director.

If it becomes necessary to withdraw your child from MCNS, two weeks notice, with reasons stated, must be given.

I have read and understand the MCNS Disciplinary and Dismissal policies and agree to have my child/ren conform to these policies while attending MCNS.

Circle one: Seeds (3) Sprouts (4/5)

Student Name _____ Parent/Guardian Name (print) _____

Parent/ Guardian Signature

Date



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 15th 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).