



Marlborough Cooperative Nursery School Preliminary Registration Form 2019-2020

By completing this preliminary form, you are registering your child for the upcoming school year at MCNS, reserving a spot in either the 3 or 4 year old program. **Due with this form is an \$85 Registration Fee, which can be mailed to: MCNS, P.O. Box 116, Marlborough, CT 06447**

This form can be completed digitally. Save the file to your computer first, then complete all fields, save again and email to mcnsboard@gmail.com.

This form can also be mailed to the address above with the Registration Fee. Any questions email to the email above. **Note that to finalize your registration, complete and return our Enrollment Package and one tuition payment within 30 days of returning this Preliminary Form (you can find the Package online at www.marlboroughcoop.org).**

Date: _____

Enrollment Status (Please choose one): Alumni Sibling New

Student Information

Student Name: _____ DOB: _____ Gender: Male Female

Class (choose one):

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

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

Contact Information

Mother's Name: _____

Email: _____ Primary # _____

Father's Name: _____

Email: _____ Primary # _____

Primary Address: _____

Job Choice

(All families will choose a job or the buy out option. Refer to the Handbook on our website for job descriptions and more details).

Job Choice #1 _____ Job Choice #2 _____ Job Choice #3 _____ Buy Out _____