

MCNS Preliminary Registration

Date: _____

This form can be completed digitally. Save to your computer first, then complete, save and email to jencoffield@gmail.com. Registration payment must be mailed, see below.

Enrollment Status: (Please choose one) Alumni Sibling New

Student Information

Student Name: _____ **DOB:** _____ **Gender:** Male Female (check one)

Class (check 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: _____

Work #: _____ Primary # _____

Father's Name: _____ Email: _____

Work #: _____ Primary # _____

Primary Address: _____

Job Choice: For more details on Jobs, please see Enrollment Package or MCNS Handbook.

#1: _____ #2: _____

#3: _____ **OR** Co-op Job Buy Out* (\$400): Yes (check if yes)

**Cooperative job buyout will only be offered after all critical roles have been filled. Additionally, if all jobs (critical and non-critical) are filled, the job buyout will be required (pro-rated based on starting month).*

Board Member Jobs: President, Vice President, Enrollment, Secretary, Treasurer, Assistant Treasurer

Other Jobs: Fundraising Committee, Halloween Hoot Committee, Event Calendar Coordinator, Publicity, Maintenance, Cleaning

*If not completing digitally, mail to MCNS, P.O. Box 116, Marlborough, CT 06447
Reminder: A Registration fee of \$85.00 is due at the time of registration.*