



## **MICROSOCIETY ACADEMY CHARTER SCHOOL**

### **Preschool Application - FULL-DAY OPTION**

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**Registration:** Application for enrollment is open to all children who meet the age requirements for our program. Children must be 4 years old by September 30th.

In order to be eligible for enrollment for the 2025-2026 school year, please submit the following to MACS:

- ☐ **Completed Preschool registration form (this packet)**
- ☐ **Non-refundable registration fee of \$100 (required to hold your child's spot)**
- ☐ **A copy of the child's birth certificate or passport**
- ☐ **Current health form, including immunizations and date of last physical**

#### **Tuition Payments:**

- Tuition for our full-day, full academic year program is \$300/week, or \$9,600/academic year
- The tuition for the year is divided into 9 installments due on the 15th of the month, August through April or paid in full for the year
- Tuition payments can be mailed or dropped off in the main office
- Checks should be made payable to MACS and addressed to 589 West Hollis St. Nashua, NH 03062. Please be sure to include your child's name on the check to ensure that your check is credited to the proper account.
- 5% Discount for paying the year up front (\$9120 yearly tuition)
- A \$25 late fee is charged for any payment made after the first of the month
  - Two monthly late fees in a row is subject to loss of a spot
- Credit card payments (subject to 3.5% fee), cash and checks payable to MACS are accepted

#### **Withdrawals/Refunds:**

- Please notify the Lower School Principal via email as soon as possible when a child is to be withdrawn.
- The registration fee is strictly non-refundable
- Parents are obligated to pay tuition for four weeks after the child's last day of attendance or after the withdrawal notification date, whichever occurs later.
- Reimbursement for families who pay for the year in full will be prorated accordingly.



**Disclaimers:**

- Entry into our preschool program does not guarantee entry into our K-8 program. Entry for kindergarten or subsequent grades remains a lottery process, meaning you will have to reapply for the following school year. However, per our policy, siblings do get first priority in the lottery process.
  - Information requested in this application is not intended and will not be used to discriminate. MACS does not discriminate based on gender, race, color, national origin, religion, disability, familial status, parental status, or sexual orientation in its educational programs or admissions procedures.
  - Admissions will be offered to current MACS families for two weeks prior to opening up admissions to the public
  - MACS is not a special education approved program
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**Program Contacts:**

If you have any questions regarding the educational program, please contact Anjali Longan, Lower School Principal, at [alongan@macsnh.org](mailto:alongan@macsnh.org)

If you have any financial questions, please contact Kim Plummer, Executive Assistant to the Head of School/Bookkeeper, at [kplummer@macsnh.org](mailto:kplummer@macsnh.org)

If you have any questions regarding attendance, or need to call your child in absent, please contact the Main Office at the Lower School at 603-595-7877.

If you have any medical questions or concerns, please contact the School Nurse, Tammi Dunn, at the Lower School - 603-595-7877 or [tdunn@macsnh.org](mailto:tdunn@macsnh.org).



Please print clearly when completing this application.

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**Student Name:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**Student Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Student Gender:** M / F

**Parent/Guardian Name:** \_\_\_\_\_

**Relation to Student:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Relation to Student:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Relation to Student:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Student currently lives with:** \_\_\_\_\_

I, \_\_\_\_\_, confirm that I have read the policies and procedures as explained on this form.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_