

Parent Checklist for Preschool Registration

Preschool registration took place earlier this year for most 2018-2019 new students. If you have not registered, please refer to the following:

To be eligible, children must meet the following criteria:

- Peers must be three or four years of age and not be eligible for the Abington Kindergarten Program.
- Peers must demonstrate age-appropriate skills in the following areas: speech/language, gross/fine motor, socialization/behavior, and cognition.
- Peers must be toilet-trained

Children being considered for admission will be screened to achieve the best possible match with the special needs children for that school year. Classes are designed to be balanced with respect to developmental skills and to achieve an optimal learning environment for all students. The preschool staff reserves the right to limit admission to children who meet these established criteria. When the number of peers exceeds available slots, a lottery system will be implemented. The ultimate responsibility for classroom assignments for peers is with the Abington Early Education Program principal.

Peer enrollment is available on a rolling basis, dependent on availability.

Items to bring:

- Student Emergency Form*--2 pages on-line
- Student Health History*--2 pages on-line
- Home Language Survey*--2 pages on-line
- PreSchool Developmental History*--2 pages on--line
- Original copy of your child's Birth Certificate (a copy will be made at registration)
- Your child's Current Physical examination, including immunizations and lead levels (dated 9/1/2017 or after, or most recent visit)
- Proof of Residency (one example from EACH category)
 - Evidence of Residency (provide one (1) of the following):
 - Record of recent mortgage payments and/or property tax bill
 - Fully signed and executed Lease and/or Rental Agreement
 - Landlord/Owner of Property Affidavit
 - Fully signed and executed Purchase and Sale (P&S) Agreement (occupancy dates must occur within 30 days of student enrollment)
 - Section 8 Agreement

AND

- Evidence of Occupancy (provide one (1) of the following):
 - Gas/Oil Bill, Electric Bill, Home (not cell) Telephone Bill, Cable/Internet Provider Bill, Water Bill (note: bill must be dated within the past 45 days and include both your name and address)
 - Recent bill dated within the past 45 days showing both your name and address (note: a Residency Statement/Affidavit is required with this option)
 - Occupancy Statement/Affidavit must be notarized if a bill cannot be provided prior to student's enrollment.

AND

- Evidence of Identification of Parent/Guardian (provide one (1) of the following):
 - Valid MA Driver's License
 - Valid MA Photo ID Card
 - Valid Passport
 - Other Government issued Photo ID

Updated 8/20/18

ABINGTON PUBLIC SCHOOLS - STUDENT EMERGENCY INFORMATION

Legal Last Name _____ First _____ Middle _____
 Address _____ City _____ Zip _____
 Date of Birth _____ Gender M F Birth City _____
 Preferred Phone _____ Home Language _____
 School _____ GR _____ YOG _____ HR _____
 Hispanic White African American Asian Native American Pacific Islander

1st Contact	Current Information	Corrections
Name		
Relationship		
Address		
City, State, Zip		
Home Phone		
Cell Phone		
Work Phone (with Ext)		
Email		
Contact lives with student <input type="checkbox"/>	Receive Email <input type="checkbox"/>	

2nd Contact	Current Information	Corrections
Name		
Relationship		
Address		
City, State, Zip		
Home Phone		
Cell Phone		
Work Phone (with Ext)		
Email		
Contact lives with student <input type="checkbox"/>	<input type="checkbox"/> This is a non-custodial parent that requires duplicate school communications	
Receive Email <input type="checkbox"/>		

Names of other parties who are aware and available to assume responsibility/transportation of your child:

3rd Contact	Current Information	Corrections
Name		
Relationship		
Home Phone		
Cell Phone		
Work Phone		

4th Contact	Current Information	Corrections
Name		
Relationship		
Home Phone		
Cell Phone		
Work Phone		

If there are any restrictions with regard to custody or the dismissal of the student, then the parent/guardian must provide the school with current legal documentation annually.

No Changes Parent/Guardian Signature _____ Date _____

MILITARY STATUS

Military Family Status: Yes No

Student is a child of either (1) an active duty member of the uniformed services or National Guard & Reserve on active duty orders, or (2) a member or veteran who are medically discharged or retired within one year, or (3) a member who died on active duty.

PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

ABINGTON PUBLIC SCHOOLS

Legal Last Name _____ First _____ Middle _____

MEDICAL CONTACTS - INSURANCE

Table with 4 columns: Name of Primary Care Doctor, Name of Dentist, Health Insurance (Yes/No), Name of Insurance, Phone No., Health Insurance Number, Is insurance through CommCare/Mass Health (Yes/No)

If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health insurance (restrictions may apply). If you are interested in more information about these programs, please contact the School Nurse.

RELEASE OF INFORMATION REGARDING MASS HEALTH

As parent/guardian of the child named above, I give permission to disclose information from my child's educational records to school districts and designees, and State and Federal administration representatives for the sole purpose of claiming MassHealth reimbursement for health-related support services in my child's Individual Education Program.

Initial _____

MEDICAL INFORMATION

(If applicable, please complete this section)

Medical Illnesses (for example: asthma, seizures, heart condition):
Medications:
Allergies/Alert

MEDICAL PERMISSIONS AND CONSENTS

I give permission to the School Nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs.
I give permission to exchange information with my child's primary care provider and/or emergency personnel for the purpose of referral, diagnosis and treatment.
I understand in the event of a medical emergency my child may be transported to the nearest local hospital by ambulance. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

(The School Nurse may administer specific medications to students during school hours based on written protocols for these medications that have been developed in collaboration with the school physician. Copies of the protocols are available by request.)

Parent/Guardian Signature _____ Date _____

STUDENT'S IMAGE AND SCHOOL WORK PERMISSIONS AND CONSENTS

The Abington Public Schools may use your child's image and/or school work for newspapers/print (including class pictures and yearbooks), TV/video and website/Internet.

Should you request that your child's image or school work NOT be used for newspapers/print, TV/video and website/Internet, please provide your child's school with written notice as such..

I hereby release the Abington Public Schools, the Abington School Committee, employees, volunteers, agents and other personnel from any liability and legal or equitable claims of any kind arising from or related to, such publication.

Parent/Guardian Signature _____ Date _____

STUDENT PARENT HANDBOOK ACKNOWLEDGMENT

My student and I have access to and have read the Student Handbook, which is available online at www.abingtonps.org, and includes the school district's Computer/Network Acceptable Use Policy. We agree to adhere to the policies outlined in the Student Handbook.

Parent/Guardian Signature _____ Date _____
Student Signature _____ Date _____
(Signature for Grades 5-12 Students)

If you do not have access to the Student Handbook, please contact your child's school office.

ABINGTON PUBLIC SCHOOLS
HEALTH HISTORY
(To be completed by parent or guardian)

Name: _____ Date of Birth: _____

Place of Birth: _____

Address: _____ Phone: _____

Mailing Address (if different from above): _____

Father: _____ Occupation: _____

Mother: _____ Occupation: _____

Guardian is: Mother Father Other
if other, Name & Relationship _____

Marital Status: Married Widow(er) Single Divorced Separated

Does either parent live at an address different from above? Yes No

If yes, name of parent: _____

Address: _____

Phone (home): _____ (cell) _____

Are there visitation restrictions? No Yes (if yes, a copy of legal documentation must be provided)

DCF Caseworker: Past Present Name: _____

Do you have: Health Insurance No Yes Insurance provider: _____

Dental Insurance No Yes Insurance provider: _____

Immunizations: Massachusetts law requires that all children enrolling in public school must be immunized. A physical exam completed within 1 year of 9/1/17 is also necessary.

Child's physician: _____ Phone: _____

Child's dentist: _____ Phone: _____

Date of last physical: _____

Is your child capable of participating in a full program of school activities, including recess and physical education?

Yes No

Current health concerns		If yes, explain:
Does your child have allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Other
Does your child have any vision problems or wear glasses?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have any hearing problems?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Is your child taking prescribed medications on a daily basis?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Will your child be taking any medications at school?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have asthma?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have diabetes?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have a chronic illness or condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have headaches?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have bowel or bladder problems?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Is there anything else we should know about your child's health?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Past Health Concerns		If yes, explain:
Was your child born prematurely?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have any history of heart problems?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Has your child ever had surgery?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Has your child ever been hospitalized or been to the Emergency Room?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Has your child ever had seizures?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have any behaviors that concern you?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have any other health concerns?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Abington Public Schools Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that all schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information		
First Name _____	Middle Name _____	Last Name _____
		Gender F <input type="checkbox"/> M <input type="checkbox"/>
Country of Birth _____	Date of Birth (mm/dd/yyyy) _____	Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____
School Information		
Start Date in New School (mm/dd/yyyy) _____	Name of Former School and Town _____	Current Grade _____
Questions for Parents/Guardians		
What is the native language(s) of each parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / guardian)	Which language(s) are spoken with your child? (include relatives -grandparents, uncles, aunts, etc. - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always	
What language did your child first understand and speak?	Which language do you use most with your child?	
Which other languages does your child know? (circle all that apply) _____ speak / read / write _____ speak / read / write	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always	
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/>	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>	
Parent/Guardian Signature: X _____	_____ / _____ /20 Today's Date: (mm/dd/yyyy)	

Name of Student _____

Grade _____

Name of Parent _____

School _____

Please respond to the following two questions to guide you in completing the entire form:

1. Are you Hispanic or Latino? Select only one.

___ No, not Hispanic or Latino

___ Yes, Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

2. What is your race? You may select one or more races.

___ White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

___ Black or African American: a person having origins in any of the black racial groups of Africa.

___ American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

___ Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

___ Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Please complete both sides

Abington Public Schools
Preschool Developmental History

Child's Name: _____ DOB: _____
Address: _____ Home Phone: _____
_____ Cell Phone: _____
Parent(s)/Guardian(s) _____ Person Completing Form: _____
_____ Date: _____

(Please complete both sides of questionnaire)

A. Child Information & Preschool/Childcare History

- a. With whom does your child live (include siblings, extended family)?
- b. Have you changed residences during his/her lifetime? No Yes (number of times____)
- c. Has your child ever received special education services? No Yes (please explain)
- d. What language(s) are spoken in your home?
- e. What language(s) does your child understand?
- f. What language(s) does your child speak?

B. Medical Information

- a. Were there any complications during pregnancy or birth? No Yes (please explain)
- b. Was your child born at full term? Yes No (number of weeks_____)
- c. Does your child have any problems with vision or hearing? No Yes (please explain)
- d. Does your child take any medication on a regular bases? No Yes
If yes, provide the type/names, dosage, and purpose:

- e. Does your child have a history of chronic medical problems (e.g. headaches, frequent ear infections, etc.)? No Yes (please explain)

- f. Does your child have a history of any serious illnesses, accidents, operations, injuries (including head injuries), heart issues, etc.? No Yes (please explain)

- g. Has your child had a hearing evaluation? No Yes (please provide date(s) and test results)

- h. Does your child have any dietary restrictions? No Yes (please explain)

- i. Does your child have any allergies (e.g. food, medication or latex) No Yes (please explain)

- j. Is there any family history of emotional/mental illness or learning disabilities? No Yes (please explain)

C. Child's Development

- a. How would you describe your child's temperament?

- b. How does your child respond to transitions / limits / authority?

- c. Do you have any concerns regarding your child's behavior? No Yes (please explain)

- d. Describe how your child gets along with peers / siblings (e.g. sharing, play skills, etc.)

- e. Does your child have opportunities to play with other children?

- f. What are your child's favorite activities?

- g. Do you have any concerns with developmental issues (e.g. toilet training, feeding, separation, motor skills, communication, etc.)? No Yes (please explain)

- h. Is there anything else you think we should know about your child?

APPLICATION FOR 2018-2019 ABINGTON EARLY EDUCATION PROGRAM
PRESCHOOL/PRE-KINDERGARTEN

PLEASE PRINT and complete all information.

Child's Name: _____ Returning student? Yes No

Date of Birth: _____ Sex: (please circle) Male Female

Parent(s) Name(s): _____

Address: _____

Telephone #: _____

Email Address: _____

PROGRAM OPTIONS: (Please check your first choice from the correct program)

Morning Preschool (for children age 3 and 4)
8:20 AM – 10:55 AM

- Monday, Wednesday (2 day tuition)
- Tuesday, Thursday (2 day tuition)
- Monday, Tuesday, Wednesday, Thursday (4 day tuition)

Afternoon Pre-Kindergarten (for children age 4 by August 31, 2014)
11:35 AM – 2:10 PM

- Monday, Wednesday, Friday (3 day tuition)
- Monday, Tuesday, Wednesday, Thursday (4 day tuition)
- Tuesday, Wednesday, Thursday, Friday (4 day tuition)
- Monday, Tuesday, Wednesday, Thursday, Friday (5 day tuition)

Please note: Abington Early Education Program staff reserve the right to identify the most appropriate placement between preschool and prekindergarten for those children in the middle month range.

ENROLLMENT AGREEMENT: Please complete attached form.

RETURN: Application, Enrollment Agreement and non-refundable Registration fee of \$150 to:
Abington Early Education Program
201 Gliniewicz Way
Abington, MA 02351

Applications are not considered complete until the non-refundable registration fee has been received.

Updated 6/2018

ABINGTON PUBLIC SCHOOLS INTEGRATED PRESCHOOL PROGRAM

ENROLLMENT AGREEMENT 2018-2019

The Integrated Preschool provides an enriched learning experience through developmentally appropriate activities. The philosophy of the program is that all children learn best through active involvement in play. All children are unique individuals who develop at their own pace.

If accepted into the program, I agree to be bound by the following procedures of the Abington Public Schools Integrated Preschool program:

1. I agree and acknowledge that the tuition for the Integrated Preschool program is non-refundable.
2. I understand that a non-refundable deposit is due prior to my child beginning the Integrated Preschool program in order to reserve a space. This deposit will be deducted from my tuition. If the program is unable to place my child due to space limitations, my deposit will be refunded.
3. I understand that monthly tuition payments are to be made by the 20th of each month.
4. I understand that if my payment is not received by the 1st of the month, I will forfeit my child's space in the program.
5. I understand that if payments are not made according to the payment schedule on the reverse side of this form, my child may be excluded from the Integrated Preschool program.
6. I agree and acknowledge there will be no refunds due to absence or school closings due to weather and other emergencies.
7. I agree to notify the program in the event my child will be absent for reasons of illness, etc.
8. I understand transportation to and from Preschool is the responsibility of the parent(s)/guardian.
9. I agree to drop off and pick up my child at the designated time.
10. I understand that payments are made through FACTS Management and I am required to set up a payment plan on or before August 20th, the due date of the first payment.

Student Name (Please print): _____

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____

Address: _____

Telephone #: _____

Email Address: _____

Updated 1/2018

**Abington Public Schools Integrated Preschool Program
Tuition Schedule
2018-2019**

Student Name (Please Print): _____

Parent/Guardian Name (Please Print): _____

Please check one:

5-Day Program

- Full tuition payment \$2,600 (\$2,750 minus \$150 non-refundable registration fee)
 Monthly Payments** \$2,600 divided into 8 payments of **\$325.00**

4-Day Program

- Full tuition payment \$2,050 (\$2,200 minus \$150 non-refundable registration fee)
 Monthly payment** \$2,050 divided into 8 payments of **\$256.25**

3-Day Program

- Full tuition payment \$1,250 (\$1,400 minus \$150 non-refundable registration fee)
 Monthly payment** \$1,250 divided into 8 payments of **\$156.25**

2-Day Program

- Full tuition payment \$950 (\$1,100 minus \$150 non-refundable registration fee)
 Monthly payment** \$950 divided into 8 payments of **\$118.75**

**** First payment is due by August 20th. Final payment is due by March 20th.**

By signing below, I agree to the terms and conditions of the Enrollment Agreement and Tuition Schedule.

Parent/ Guardian Signature: _____ Date: _____

Updated 1/2018