
WAREHAM PUBLIC SCHOOLS



KINDERGARTEN REGISTRATION PACKET

FOR SCHOOL YEAR 2011-2012
Revised 3/23/11

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This packet is available in other languages; please call 508-291-3540 ext. 19 for details.

Everett Educational Center
15 Gibbs Avenue
Wareham, MA 02571



Phone (508) 291-3540x19
Fax (508) 291-3543

February 7, 2011

Dear Parents:

Welcome to kindergarten and the Wareham Public Schools. We look forward to meeting you when you register your child for kindergarten. Kindergarten registration is required for all children who will be attending in the 2011–2012 school year. Wareham Public Schools offers half day and full day kindergarten programs.

- ↪ Information you provide through registration is important to plan for the Kindergarten classes next year.
- ↪ The packet attached to this letter should be completed when you come in for registration either on the evening of Wednesday, March 2, 2011, or during the day on Friday March 4, 2011.
- ↪ Registration is located at both the Hammond and Decas Schools on **both** days. Go to the location nearest to your home.
- ↪ At registration we will go through the packet with you to ensure that all required and necessary information and forms are complete. If you have any concerns or questions, we will gladly help you when we see you at registration.
- ↪ At registration, you will be given a date and time to bring your child for kindergarten screening. This screening will take no longer than a half hour and all new kindergarten students **are required** to be screened.

We need you to register your child in March. Wareham Public Schools must know how many students will be attending to be able to plan for kindergarten classes in September 2011. Even if your packet is not complete or some forms are missing, your child's March kindergarten registration is **extremely important** for kindergarten planning for next year.

Registration is always an exciting time for us to meet our new kindergarten families. We hope that your child's beginning in the Wareham Public Schools is happy and successful.

Sincerely yours,

Robert M. Louzan, Director of Student Services
Early Childhood Team

- Christine Panarese, Principal, Decas School
- Joan Seamans, Principal, Minot, East, & Hammond Schools
- Nancy Ames, Assistant Principal, Minot, East, & Hammond Schools
- Mary Morgan, Early Childhood Coordinator
- Kindergarten Teachers
- Specialists



Wareham Public Schools
Kindergarten Registration
Wednesday, March 2, 2011, 4-7 pm
Friday March 4, 2011, 9:00-11:30 am & 12:30-2:00 pm

REGISTRATION PROCEDURE

- Pick up a kindergarten registration packet. These will be available on or after Monday, February 14, at the main office of any Wareham elementary school (East, Decas, Hammond, Minot Forest), the superintendent's office, the Wareham Free Library, or to download and print from the Wareham Public Schools website, <http://www.warehamps.org/district/departments/student-services/earlychildhood.html>. Packets will be available at local pre-schools, also.
- Please call Roe Linzee (508-291-3540x19) if you need materials in Spanish, Portuguese, or any other language.
- Fill out all the forms contained in the packet.
- Have your child's physician fill out and sign a Massachusetts School Health Record Private Physician's Examination Form.
 - Must include immunizations and lead screening results
 - Not necessary to be completed before registration, but by law must be provided prior to the beginning of school in September.
- Attach the following information from your personal records to the packet.
 - **A certified copy of your child's birth certificate** (a *true* original copy, from the town hall of the town of birth, usually with a raised or embossed seal). We will make a copy for our records when you register and return the original to you. If you do not currently have a certified copy of the birth certificate, you should still come to kindergarten registration. You must provide the document at a later date.
 - **Two (2) proofs of residency**
 - Drivers license or valid photo ID issued by the Massachusetts Registry of Motor Vehicles.
 - One of the following: copy of deed and record of most recent mortgage statement; copy of lease and record of most recent rent statement; legal affidavit from landlord/owner affirming tenancy and copy of lease/deed and record of most recent rent payment/mortgage statement; Section 8 agreement; Caregiver Authorization Affidavit. (See www.warehamps.org/district/information/policies/index.html for details.)
- Bring the packet to the appropriate school listed below on one of the dates and times listed above (your residence determines whether your child will attend Hammond School or Decas School). Your child does *not* need to be present for registration, only for kindergarten screening.
 - Hammond School (508-291-3565)
 - Decas School (508-291-3530)
 - If you have any questions or if you are unsure about which school your child will attend, please contact either school.
 - **Note: To be eligible for full-day kindergarten your child must be screened. Your child's screening appointment will be provided at the time of registration. Screening will be completed during school hours on April 13, 14, or 15.**

* Wareham Public Schools is a school choice district.

Wareham Public Schools Kindergarten Registration

Parent's Checklist

The following items are required for kindergarten registration

- Kindergarten Parent Survey (form)
- Wareham Public Schools Registration Form
- Wareham Public Schools Registration and Supplementary Health Form
- Wareham Public Schools Kindergarten Questionnaire (3 page form)
- Wareham Public Schools Transportation Information Form
- Sails Library Network Patron Registration (form)
- Birth Certificate (a true original copy, from the town hall of the town of birth, usually with a raised or embossed seal)
- Two Proofs of Residence (for more details please see www.warehamps.org/district/information/policies/index.html):
 - Drivers license or valid photo ID issued by the Massachusetts Registry of Motor Vehicles.
 - One of the following: copy of deed and record of most recent mortgage statement; copy of lease and record of most recent rent statement; legal affidavit from landlord/owner affirming tenancy and copy of lease/deed and record of most recent rent payment/mortgage statement; Section 8 agreement; Caregiver Authorization Affidavit.)
- Free & Reduced School Meals Family Application

In addition, if you are registering your child for full day kindergarten, the following item is required at kindergarten registration:

- 2010 Federal Income Tax form

The following item is required for your child to start school in September:

- Massachusetts School Health Record Private Physician's Examination (form)
 - to be filled out by a physician
 - should include immunizations and lead screening results

Please note: Early kindergarten registration is critical for all children. If you are missing information, you may provide it later.



Welcome to kindergarten in Wareham!

FAQ: Questions and answers about your child's first year of school.

Developed by M. Dupuis, J. Fernandes, and D. Kais

Q: What age does my child need to be to start kindergarten in September?

A: Your child must be five years old by September 30th.

Q: How do I know if my child is really ready?

A: Your child is ready if he/she can:

Take care of basic toilet needs.

Separate from parents with minor difficulty.

Put on coat and hat.

Make some choices without help.

Work in a group.

Follow simple instructions.

Show some excitement about school and learning.

Communicate with adults and children.

Q: What should I tell my child about the bus?

A: Teach your child how to be safe going to the bus, waiting for the bus, getting on, riding, and getting off the bus. Sitting and staying in their seats is a very important concept to learn. Remember: kindergarten children need a responsible person to be at the bus stop with them as they go to and from school.

Q: What does my child need to bring?

A: A backpack is most helpful for carrying important school information, work, books, etc., to and from school daily. The school will provide all the supplies your child will need. They should not bring toys or personal belongings. It is also important to have your child's name on the backpack and any articles of clothing that will be taken off.

Q: What about meals or snacks?

A: Milk is served daily for all half-day programs. Full-day kindergarten students are served breakfast and lunch daily. You will be notified of current food service cost at orientation.

Q: What is a kindergarten day like?

A: Each day your child will participate in a variety of carefully planned activities that will encourage the development of your child's potential to the fullest. Teachers plan these activities from kindergarten curriculums which include math, science, social studies, language arts, writing, health, and an integrated arts program that includes art, music, and movement. Teachers will integrate the subject areas with an emphasis on literacy and the use of literature.

Q: What is literacy?

A: Literacy involves all the activities that encourage reading, writing, speaking, and listening at home and at school. Teachers immerse the children in literacy activities and encourage parents to participate in family activities at home. Parents and teachers can work together to make reading a fun part of each day.

Q: What is my role as a parent in my child's kindergarten experience?

A: Spend the summer before kindergarten trying to help your child achieve the entrance recommendations which will be given to you at kindergarten screening. You should plan to actively involve your child in daily reading experiences. Wareham Free Library is a wonderful resource where you can take your child to pursue these experiences. Make sure your child has exposure and play experiences with other children to insure development of social awareness. Allow your child to write, color, cut, and glue. These activities will foster development of fine motor skills.

Q: Do kindergarten children receive report cards?

A: Kindergarten children receive report cards in December, March, and June. You may also make an appointment with your child's teacher at any time by calling the school and scheduling a conference through the school secretary.

Q: Which schools in Wareham have kindergarten?

A: John W. Decas, 760 Main Street, Wareham, MA, 508-291-3530,
www.warehamps.org/district/schools/decas/index.html

Ethel E. Hammond Elementary School, 13 Highland Avenue, Onset, MA, 508-291-3565,
www.warehamps.org/district/schools/hammond/index.html

Wareham Public Schools
Kindergarten Transportation Notice for Parents

Your kindergarten child will attend the Decas School if you live within the Decas Elementary School geographical area. Full-day and half-day kindergarten classrooms will be at Decas.

Your kindergarten child will attend the Hammond School if you live within the Hammond or Minot Forest School geographical area. Full-day and half-day kindergarten will be at Hammond.

The school department will provide transportation to and from the closest elementary bus stop to your residence. As per the school committee policy, your child should be at the bus stop five minutes before the scheduled pickup time. A parent/guardian must be at the bus stop to receive his/her child five minutes before the drop off time. If no parent or approved adult greets the child at the drop off stop, your child will be returned to his/her respective kindergarten school.

Please note: Bus stop locations and times will be published in the *Wareham Courier* and the Wareham Public Schools website (<http://www.warehamps.org/district/index>) before school opens.

Transportation to a day care provider by the school department can be arranged if the following conditions are met:

- Availability on the designated bus.
- The day care provider lives within your kindergarten child's respective elementary school geographical area.
- The school bus route is not altered.
- Written request for a change in transportation must be submitted to the building principal for approval.

Wareham Public Schools Kindergarten Registration Form

For office use only:				
Date of Entry _____	LASID _____	SASID _____		
Session: _____	Days: _____	Home Room #: _____	Bus In: _____	Bus Out: _____

Student's Name _____ No Middle Name

Last First Full Middle

Gender M F Date of Birth _____ City/Town of Birth _____

Home Address _____ Home Phone: _____ Unlisted? Y N

Cell Phone(s): _____

City/Town _____ Zip _____ Parent Email _____

Mailing address if different _____

Is the child's family presently homeless? Yes No Are the parents migrant workers? Yes No

With whom does child reside (primary caregivers)? Both Parents Mother Foster Parents

Father Legal Guardian

Are there any legal restrictions against either parent or others? Yes No Name _____

If the child does not reside with both natural parents, is there a custody order or caregiver affidavit which addresses any aspect of the child's school attendance or educational program? Yes No (*A copy of all legal documents must be supplied to the school.*)

➔ Please provide information regarding the primary caregivers:

Name	Relationship	Employer	Work Telephone

Name & address of parent living at a location other than with the student:

Name _____ Address _____

➔ Emergency Contacts (other than individuals listed above); please include day care provider:

Name	Relationship	Phone [please indicate home (H), work (W) or cell (C)]
		<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C
		<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C
		<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C

The following people have permission to receive this student off the bus: _____

Has the child attended pre-school or day care? Yes No If so, where? _____

Has student ever attended Wareham Schools before? Yes No

If yes, name of school: _____ Grade: _____

Are there any special school/classroom accommodations needed for your child? Yes No

If yes, please note: _____

Do any of the following apply?

Special Needs Program/IEP 504 Plan Services Educational Surrogate Parent State Ward Free/Reduced Lunch (guidelines at www.warehamps.org/district/departments/foodservices/documents/lunchform.pdf)

Medical Insurance: Medicaid Blue Cross Other _____ Insurance No. _____

Parent/Guardian signature _____ Date _____

Student Name: _____

Home Language Survey

In order to assure that students of Wareham Public Schools have equal access to education, we need to know the language that your child speaks with you, friends, neighbors, and relatives. Based on your answers, we will place your child in the appropriate class in compliance with the Federal laws and regulations.

1. What language did your child first learn to speak? _____.
2. What language do you use most often when speaking to your child at home? _____.
3. What language does your child use most often when speaking to you at home? _____.
4. What language does your child use most often when speaking to brothers, sisters, friends, and other adults? _____.

Parent/Guardian Signature: _____ Date: _____.

Race/Ethnicity Data Collection

Every school district in Massachusetts is required to report to the Massachusetts Department of Education each year student data by race and ethnicity categories that are set by the federal government. The Department of Education does not report individual student data to the federal government, but does report the total number of students in various categories in each school. These reports help us keep track of changes in student enrollments and ensure that all students receive the educational programs and services to which they are entitled.

The federal government recently changed the reporting categories for student data. With the new reporting categories, you may now identify your child by ethnic group (either Hispanic/Latino or not Hispanic/Latino) and by one or more racial groups (American Indian/Alaska Native, Asian, Black/African-American, Native Hawaiian/Other Pacific Islander, White). Starting with the 2005-06 school year, all schools in Massachusetts will report student data to the Department of Education using the new categories. Please note that we have the right to ask for this information; we do not have the right to question your answers. For more information about the student data reporting categories, please see: http://www.doe.mass.edu/infoservices/data/guides/race_faq.html.

You *must* check one item from the first column and one or more items from the second column.

Ethnicity (please check one):

- Hispanic, Latino, or Spanish Origin. A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino

Race (please check one or more as appropriate):

- 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.
- Black or African American. A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Parent/Guardian signature _____ Date _____

The Wareham Public Schools reaffirms that it does not discriminate on the basis of race, color, religion, sex, national origin, age, handicap or sexual orientation in admission to, access to, or treatment in its programs or activities.

Kindergarten Parent Survey

Many communities in Massachusetts offer full-day kindergarten programs on a fee basis for interested parents. Wareham is one of those communities.

This survey is being given to parents of all students registering for kindergarten in the 2011–2012 school year to see what interest there may be for full-day kindergarten. For the past few years Wareham has been able to provide some full-day kindergarten classrooms. There is little doubt that these programs can have a positive effect upon learning for most children and provide parents with a valuable service.

If your child is enrolled in full-day kindergarten and you move within Wareham from one school district to another during the school year, the district cannot guarantee that your child will have a full day kindergarten placement at the new school.

At the local level there are no funds available to operate full-day kindergarten. If we are to have these classrooms they have to be a combination of fee-based and grant-supported. At this point Wareham anticipates receiving some grant funds. Therefore, tuition policies are established according to grant guidelines and fee scales as delineated on page 10.

To be eligible for this program, the student MUST BE pre-registered and screened for school. Also, any previous Pre-K and/or kindergarten tuitions for any child in the household must be paid in full.

The fee for the program will be based upon new family income guidelines as per the Massachusetts Department of Elementary and Secondary Education. The following guidelines are tentative and subject to change. Please see the attached chart for eligibility information.

If you are still interested in the full-day kindergarten, please indicate which fee you would qualify for based upon the attached family income guidelines:

Family Income Level:	Full-day Program Fee:	Number of persons in household:
\$ _____	\$ _____	_____

Proof of income will need to be provided. Please attach pages 1 and 2 of your 2010 Federal Income Tax Forms. (You may black out your social security number(s) for your protection.) If you do not file income tax, please provide at least one of the following: 3 consecutive pay checks and W2 form, transitional benefit statements, or SSI. Proof of income is required by the Massachusetts Department of Elementary and Secondary Education through the kindergarten funding process.

-
- YES, I would like my child _____ to be considered for full-day kindergarten. I understand that I must comply with school requirements if my child is selected. Further I understand that proof of income must be provided.
(student's name)
- NO, I do not wish for my child _____ to be considered for full-day kindergarten. Please place my child in the half day session.
(student's name)

Parent/Guardian Name(s): _____

Home Address: _____

Day Phone Number: _____ Evening Phone Number: _____

Parent/Guardian Signature: _____

Wareham Income Table and Sliding Fee Scale* for Full-Day Kindergarten Tuition

This is an income table for determining family eligibility for reduced tuition as well as the percentages of annual tuition that should be used to calculate the sliding fee scale. The District may calculate income levels based on family annual or monthly income. Tuition levels are based on state guidelines according to the State Median Income (SMI) and family size.

The Massachusetts Department of Elementary and Secondary Education (DESE) has adopted “Tuition Policies for Full-Day Kindergarten, FY 2012.” These policies apply to all public schools offering full-day kindergarten and receiving grant funds from DESE. To follow these new policies, the following income guidelines are used to assess tuition for students involved in full-day kindergarten classes. The complete tuition policy is located on the District’s website at: <http://www.warehamps.org/district/> On the Student Services page, click on Kindergarten Reg.

The levels range from full tuition of \$3,250, for families *exceeding the State Median Income, by family size*, to free tuition, for families *at or below 25% of the State Median Income or who are eligible for the free/reduced lunch program*. The first payment (of 3 installments) will be due on August 1, 2011.

These are the new scales for both the school district and families. Please contact the Office of Curriculum and Instruction if you have any questions.

Family of Two	Family of Three	Family of Four	Family of Five	Family of Six	Percent of Annual Tuition	2011-2012 Tuition
<i>Annual</i>	<i>Annual</i>	<i>Annual</i>	<i>Annual</i>	<i>Annual</i>		<i>Annual</i>
\$0 - \$16,752	\$0 - \$20,700	\$0 - \$24,636	\$0 - \$28,584	\$0 - \$32,532	0%	Free
\$16,753 - \$23,460	\$20,701 - \$28,980	\$24,637 - \$34,500	\$28,585 - \$40,020	\$32,533 - \$45,540	DESE Cap	\$300
\$23,461 - \$33,516	\$28,981 - \$41,400	\$34,501 - \$49,284	\$40,021 - \$57,168	\$45,541 - \$65,052	DESE Cap	\$540
\$33,517 - \$43,560	\$41,401 - \$53,808	\$49,285 - \$64,056	\$57,169 - \$74,316	\$65,053 - \$84,564	25%	\$813
\$43,561 - \$56,964	\$53,809 - \$70,368	\$64,057 - \$83,772	\$74,317 - \$97,188	\$84,565 - \$110,592	50%	\$1,625
\$56,965 - \$67,020	\$70,369 - \$82,788	\$83,773 - \$98,556	\$97,189 - \$114,336	\$110,593 - \$130,104	75%	\$2,438
\$67,021 or above	\$82,789 or above	\$98,557 or above	\$114,337 or above	\$130,105 or above	100%	\$3,250

Family of Seven	Family of Eight	Family of Nine	Family of Ten	Family of Eleven	Percent of Annual Tuition	2011-2012 Tuition
<i>Annual</i>	<i>Annual</i>	<i>Annual</i>	<i>Annual</i>	<i>Annual</i>		<i>Annual</i>
\$0 - \$33,264	\$0 - \$34,008	\$0 - \$34,740	\$0 - \$35,484	\$0 - \$36,228	0%	Free
\$33,265 - \$46,572	\$34,009 - \$47,604	\$34,741 - \$48,636	\$35,485 - \$49,668	\$36,229 - \$50,712	DESE Cap	\$300
\$46,573 - \$66,528	\$47,605 - \$68,016	\$48,637 - \$69,492	\$49,669 - \$70,968	\$50,713 - \$72,444	DESE Cap	\$540
\$66,529 - \$86,484	\$68,017 - \$88,416	\$69,493 - \$90,336	\$70,969 - \$92,256	\$72,445 - \$94,176	25%	\$813
\$86,485 - \$113,100	\$88,417 - \$115,620	\$90,337 - \$118,128	\$92,257 - \$120,636	\$94,177 - \$123,156	50%	\$1,625
\$113,101 - \$133,056	\$115,621 - \$136,020	\$118,129 - \$138,972	\$120,637 - \$141,924	\$123,157 - \$144,888	75%	\$2,438
\$133,057 or above	\$136,021 or above	\$138,973 or above	\$141,925 or above	\$144,889 or above	100%	\$3,250

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)				
Names of household members (First, Middle Initial, Last)	School Name for Each Child	[State SNAP], [FDPIR] or [State TANF] case number for any member of the household. If you list a case number, skip to Part 5		CHECK IF NO INCOME
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
PART 2. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL [YOUR SCHOOL, HOMELESS LIAISON, MIGRANT COORDINATOR AT PHONE #]				
HOMELESS				
<input type="checkbox"/> HOMELESS <input type="checkbox"/> MIGRANT <input type="checkbox"/> RUNAWAY <input type="checkbox"/>				
PART 3. FOSTER CHILD If this application is for a child who is the legal responsibility of a welfare agency or court, check this box <input type="checkbox"/> and then list the amount of the child's personal use monthly income: \$ _____. <input type="checkbox"/> Check if no income. Skip to Part 5.				
PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often				
1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
<i>(Example) Jane Smith</i>	\$199.99/weekly	\$149.99/every other week	\$99.99/monthly	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
PART 5. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)				

An adult household member must sign the application. **If Part 4 is completed, the adult signing the form also must list his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: ____ - ____ - _____ I do not have a Social Security Number

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:

- Hispanic/Latino
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- Asian American Indian or Alaska Native Black or African American

DON'T FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____

Temporary: Free ___ Reduced ___ Time Period: _____ (expires after ___ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____ Verifying Official's Signature: _____ Date: _____

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2010-2011			
Household size	Yearly	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Each additional person:	+6,919	+577	+134

Wareham Public Schools
Kindergarten Supplemental Registration and Health Form

STUDENT INFORMATION

Full legal name: _____ Sex: Male Female
Street address: _____
Mailing address: _____
Home telephone: _____ Cell phone(s): _____
Birth date: _____ Place of birth: _____ Age: _____ Grade level: _____
Languages spoken in the home: _____

PARENT/GUARDIAN INFORMATION

Father's name: _____ Occupation: _____
Place of employment: _____ Work/cell phone: _____
Mother's name: _____ Occupation: _____
Place of employment: _____ Work/cell phone: _____
Name of parent/guardian with whom student resides: _____
Address: _____
Name of legal guardian other than parent: _____
Is the school allowed to call both parents regarding this child? (Please check the appropriate box.)
 Either/both Mother only Father only

MEDICAL INFORMATION

Name of doctor: _____ Name of dentist: _____
Person(s) who have agreed to care for your child when parent or guardian cannot be reached:
Name: _____ Phone number: _____
Name: _____ Phone number: _____
If your child is sick or injured and you cannot be reached, what do you wish us to do: _____

Are you willing for necessary treatment to be initiated if you cannot be reached? yes no
Name of hospital or medical plan: _____ Number (if applicable): _____
Is your child allergic to bee, hornet, or wasp stings; medication; or foods? no yes. If yes, please describe:

What medications, if any, does your child take? _____
Does your child need medication during the school day? no yes
Does your child wear glasses? no yes
Does your child have a hearing problem? no yes

Name of student: _____

MEDICAL HISTORY: Check yes or no; if yes, please give dates [where appropriate].

Allergy	<input type="checkbox"/> no	<input type="checkbox"/> yes	_____	Operations	<input type="checkbox"/> no	<input type="checkbox"/> yes	_____
Asthma	<input type="checkbox"/> no	<input type="checkbox"/> yes	_____	Scarlet fever	<input type="checkbox"/> no	<input type="checkbox"/> yes	_____
Chicken pox	<input type="checkbox"/> no	<input type="checkbox"/> yes	_____	Tuberculosis contact	<input type="checkbox"/> no	<input type="checkbox"/> yes	_____
Ear infections	<input type="checkbox"/> no	<input type="checkbox"/> yes	_____	Injuries	<input type="checkbox"/> no	<input type="checkbox"/> yes	_____
Epilepsy	<input type="checkbox"/> no	<input type="checkbox"/> yes	_____	Rheumatic fever	<input type="checkbox"/> no	<input type="checkbox"/> yes	_____
Hospitalizations	<input type="checkbox"/> no	<input type="checkbox"/> yes	_____	Urinary tract infections	<input type="checkbox"/> no	<input type="checkbox"/> yes	_____
Kidney infection	<input type="checkbox"/> no	<input type="checkbox"/> yes	_____				

Does your child have any physical limitations or handicaps that may require program modification or restriction? If so, please explain:

Has your child ever attended Wareham Schools: no yes

Signature of parent or legal guardian: _____

Date: _____

**WAREHAM PUBLIC SCHOOLS
KINDERGARTEN QUESTIONNAIRE**

This questionnaire is designed to help us get to know your child as you have seen him/her develop in the early years at home. This information, along with other observations, will help us plan the best start in school for your child.

IDENTIFYING INFORMATION

Child's Name: _____ Date of Birth: _____

Address _____

Parent(s)/Guardian(s) Name(s): _____

Telephone Number(s): _____

Please list names of all children in household:

Name And Age:	:	Relationship To Child	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PREVIOUS SCHOOL OR DAY CARE EXPERIENCE

Did your child attend a pre-school or day care program? Yes No If yes, please describe:

Type	Age Started	Hours/week	Dates Attended
Private nursery school	_____	_____	_____
Day care center	_____	_____	_____
Day care in someone's home	_____	_____	_____
Head Start	_____	_____	_____
Pre-school/early childhood program	_____	_____	_____
Other (specify): _____	_____	_____	_____

Please list the name and location of each school or day care center your child attended:

HEALTH HISTORY – PREGNANCY AND NEWBORN

The following information is about early medical factors that are important in children's development. The questions are concerned with both mother's pregnancy and health of the baby in the first month of life. Please answer every question by checking the appropriate box or by writing answers where necessary.

PREGNANCY

Had to take medication: Yes No Don't Know

If yes, please specify: _____

Had toxemia: Yes No Don't Know

Had labor more than 12 hours: Yes No Don't Know

Had problems in labor or delivery: Yes No Don't Know

If yes, please specify: _____

Had additional complications of illnesses during pregnancy: Yes No Don't Know

If yes, please specify: _____

Length of pregnancy: _____ months _____ weeks

NEWBORN INFANT

Was injured during birth? Yes No Don't Know

Had infections? Yes No Don't Know

If yes, please describe: _____

Had other problems during birth or 1st month? Yes No Don't Know

If yes, please specify: _____

Was born with defects? Yes No Don't Know

If yes, please specify: _____

Birth weight of child: _____ pounds _____ ounces

PRIOR EVALUATIONS

Has your child ever had any of the following evaluations?

Neurological: Yes No Don't Know

Speech/language: Yes No Don't Know

Vision: Yes No Don't Know

Motor coordination: Yes No Don't Know

Hearing: Yes No Don't Know

Orthopedic: Yes No Don't Know

Psychological: Yes No Don't Know

Other: Yes No Don't Know

If other, "yes", please explain: _____

Where: _____

When: _____

By whom: _____

Results: _____

Has your child ever received counseling? Yes No Don't Know

DEVELOPMENTAL HISTORY

This is a list of early accomplishments of children. For each item please indicate the **age** at which this behavior first occurred. If you cannot remember the age, then rate your child's development on each item as **delayed**, **average** or **advanced**. Four and five year olds may not be able to do all the things listed. When this is so, please indicate **not yet**. Please answer every question.

Sat up by self: _____

Able to dress self _____

Crawled _____

Pedaled tricycle _____

Walked alone _____

Spoke clearly _____

Spoke first words _____

Fully bowel trained _____

Spoke 2 – 3 word sentences _____

Fully bladder trained _____

Fed self with utensil _____

Able to leave mother easily _____

Does your child

Seem to speak as well as other children the same age? Yes No

Speak so other children understand him or her? Yes No

Speak so you can understand him or her? Yes No

Talk a great deal? (excessive) Yes No

Speak so other adults can understand him or her? Yes No

Do you think your child has difficulty

Making sounds? Yes No

With the way his or her voice sounds? Yes No

Putting words together? Yes No

Speaking fluently (without repeating sounds or words too often)? Yes No

Can your child

- Walk up and down stairs *alone*? Yes No
- Walk upstairs using alternate feet *and* using a rail or other support? Yes No
- Walk *upstairs* using alternate feet – without support? Yes No

- Walk *downstairs* one foot per step using rail or other support? Yes No
- Walk *up* and *down* stairs one foot per step with no support? Yes No
- Throw and catch a ball? Yes No

Does your child:

- Appear to be frequently clumsy? Yes No
- Trip or lose his/her balance easily? Yes No

- Drop things more often than other children his/her age? Yes No

Does your child:

- Seem to have difficulty hearing? Yes No
- Turn up the television louder than other family members? Yes No
- Seem to favor one ear over the other? Yes No
- Jump or appear to be more startled than others if there is a sudden noise? Yes No

- Seem to hear you if you talk in a whisper? Yes No
- Make you talk loudly or repeat frequently? Yes No
- Have a history of frequent ear infections? Yes No

Does your child:

- Seem to have difficulty seeing small lines or pictures? Yes No
- Seem to have a problem seeing things far away? Yes No
- Squint? Yes No

- Wear glasses? Yes No
- Hold pictures very closely while drawing? Yes No

Does your child:

- Eat with a utensil without excessive spilling? Yes No
- Dress himself/herself? Yes No
- Have trouble sleeping? Yes No
- Play well with other children? Yes No
- Play without adult supervision? Yes No
- Play with puzzles, blocks, or other construction toys without help? Yes No

- Write and draw rather than scribble? Yes No
- Have temper tantrums often? Yes No
- Show aggressive behavior towards others? Yes No
- Usually follow directions? Yes No
- Appear to pay attention to what you say or do? Yes No
- Say “I can’t” and give up easily on tasks? Yes No

Is your child:

- Able to separate easily from you? Yes No
- Generally a happy child? Yes No
- A highly active child? Yes No

- An impulsive child? Yes No
- A very quiet/shy child? Yes No
- Very sensitive/cries easily? Yes No

Wareham Public Schools
Transportation Information

Child's Name: _____

Address: _____

Phone Number(s):

Cell Phone Number(s):

School child will be attending: _____

(this may be subject to change)

Nearest landmark or intersecting street:

(possible bus stop)

As the policy exists presently, all kindergarten children will ride the regular school buses with students from grades 1-5. It is also policy that there must be a parent or authorized adult present to receive the kindergarten child at the bus stop.

For school office use only:

LASID: _____

Ttype: _____

SAILS Library Network Patron Registration

To register for a library card you will need to complete this form and provide proper identification and proof of address. The information on this form is solicited to obtain a complete list of library patrons and will be used solely to record the location of library books and property. **You must have the card with you to borrow items or use the Internet.**

Please print

Name	Last	First	Full Middle
Mailing Address	Street	Apt.	P.O.Box
	City	State	Zip Code
Phone	Home	Cell	Work
Other	Birth Date (mm/dd/yyyy)	E Mail	
Juvenile (Under 13)	School	Grade	
Other Address	Street	Apt.	P.O.Box
	City	State	Zip Code

I agree to be responsible for material borrowed with this card, for all fines incurred, and for loss and/or damage of material charged upon it. I release the library from any liability from damages occurring from equipment or material I have borrowed.
I accept responsibility for the selections of materials made by myself/this person.
This agreement includes access to electronic resources such as the internet for me and any minor for whom I am responsible.

Printed Name _____

Signature _____

Parent/Guardian must sign for patrons under age 18

Printed name of parent/guardian _____

Signature of parent/guardian _____

Age/F	Code
5-12	FJLE
13-17	FTLE
18-30	FYLE
31-60	FALE
61+	FSLE

Age/M	Code
5-12	MJLE
13-17	MTLE
18-30	MYLE
31-60	MALE
61+	MSLE

Type	Code
Juvenile	JUV
Adult	ADULT
Teacher	TEACH
Homebound	HMBD
Staff/Trustee	STTR

Staff use only _____

Date _____ License _____ ID card _____ Mail _____ Barcode _____

Reviewed Internet Access Policy _____

Staff Initials _____ rev. 6/24/08