

WAREHAM PUBLIC SCHOOLS

48 Marion Road, Wareham, MA 02571 – 508-291-3500 x3541



Kindergarten

Student Registration Packet

School Year: 2018/2019

This packet is also available in other languages. Please call 508-291-3500 x 3544 for details.



**Wareham
Public
Schools**

**Kindergarten Registration Process
Parent/Guardian Checklist**

Welcome to the Wareham Public Schools. In order to help your child enroll in kindergarten as quickly as possible, we have created the following list of information you will need to provide before your child is officially enrolled. Please note that early registration is critical for all children. If you are missing information, you may provide it later.

Please note: your child must be five years old on or before October 1, 2018 to enroll in kindergarten for the 2018-19 school year.

Documents Required When You Register

- Student's legal birth certificate (original or certified copy)
- Proof of residence (see Wareham Public Schools Residency Regulations for required documentation)
- Proof of Identity (see Wareham Public Schools Residency Regulations for required documentation)
- Massachusetts School Health Record Private Physician's Examination: form to be filled out by a physician & should include immunizations & lead screening results. If your child's immunizations are not up to date, please contact your child's doctor immediately for an appointment. Children will be excluded from attending kindergarten in the fall if they do not have all the required immunizations.

Optional Documents (required only if applicable to your student's situation)

- Divorced or separated parents must present a copy of an Order of the Probate Court designating physical custody of the student.
- Legal guardianship requires a copy of an Order of the Probate Court

Required Forms to Complete and Sign

- Wareham Public Schools Kindergarten Registration Form
- Wareham Public Schools Supplemental Registration & Health Form

Optional Forms (use only if applicable to your student's situation)

- Informed Written Consent for Release of Information
- Residency Affidavit Form (for use when there is no deed or lease)
- Verification of Student Residency (for use when living in a shelter or with friends/family with no lease)

RESIDENCY

Purpose

The purpose of this policy is to provide guidance to school administrators, parents and/or legal guardians regarding the admission of students to the Wareham Public Schools. The right to attend the schools is regulated by statute and is generally limited to students who reside in Wareham and to certain nonresident students who are eligible to attend the schools under specific programs or conditions approved by the Wareham School Committee.

Eligibility

In accordance with the laws governing the provision of special education services, Wareham provides services to students ages 3 through 21. Wareham School Committee Policy entitled "Entrance Age" establishes Wareham's age requirements for enrolling in kindergarten and 1st grades. Wareham establishes a maximum permissible age for school attendance at 21 years for individuals who do not have a high school diploma or its equivalent.

Every student seeking admission to school for the first time must present proof of vaccination and immunizations as required by the state.

Verification of Residency

Before a student is enrolled in the Wareham Public Schools, Wareham must receive appropriate evidence of the student's residency in Wareham. This evidence may include the following:

1. Copy of an executed lease or rental agreement stating the beginning date of residency and duration of the lease/rental agreement;
2. Copy of an executed Purchase and Sale Agreement stating the closing date;
3. Copy of deed or most recent property tax bill and record of most recent mortgage statement (financial information may be omitted);
4. Copy of a utility bill;
5. Copy of a Section 8 agreement;
6. A valid MA driver's license, Photo ID Card, Passport, or other Government-issued Photo ID; or
7. A voter's registration card

The school district reserves the right to require additional documentation where, in the judgment of the Superintendent, a student's actual residence has not been established.

Relationship to Federal and Massachusetts Laws and Regulations

It is the intent of the foregoing policy that the Wareham Public Schools shall also be in compliance with all Federal and State laws and regulations bearing upon enrollment issues, including but not limited to:

- 42 USC 11431 et seq.: McKinney-Vento Homeless Assistance Act
- 8 U.S.C. 1184: Federal Immigration Law Regarding Foreign Students
- 105 CMR 220: Immunization of Students Before Admission to School
- 603 CMR 8.02: Kindergarten: Minimum School Age
- 603 CMR 28.00: Massachusetts Special Education Regulations
- Caregiver Authorization Affidavit, M.G.L Chapter 511 of the Acts of 2008 as amended by Chapter 201F

Legal References:

M.G.L. Chapter 76, Sections 5 and 6 and the above-referenced laws and regulations

ADOPTED: NOVEMBER 13, 2009

AMENDED: DECEMBER 8, 2010

AMENDED: MAY 23, 2012

AMENDED: OCTOBER 17, 2012

Reviewed by SCPRSCP: November 17, 2016

Reviewed by SCPRSCP: April 6, 2017

AMENDED: APRIL 26, 2017

WAREHAM PUBLIC SCHOOLS, Wareham, Massachusetts

**Registration Form
Wareham Public Schools**

LASID#: _____ Grade: _____
 SASID#: _____ Rm #: _____
 Bus #: _____

Full Name _____ NO Middle Name
 Last Name First Name Full Middle Name
 Date of Birth: ____/____/____ City/Town of Birth _____ Gender: _____
 Home Address _____ City _____ Zip _____
 _____ CHECK IF THIS IS A NEW ADDRESS
 Mailing Address _____ City _____ Zip _____
 Home Phone _____ Unlisted: Yes No E-mail Address: _____

Child resides with: Both Parents Mother Father Foster Parents Legal Guardian (circle 1)

NAME	Work Number	Cell Phone Number
Father		
Mother		
Guardian		

Are there any legal restrictions against either parent or others? Yes No Person's Name _____
 If the child does not reside with both natural parents, is there a custody order which addresses any aspect of the child's school attendance or educational program? Yes No (A copy of custody papers must be supplied to the school.)

Name and Address of parent living at a different address:

Name: _____ Address: _____

Emergency Contacts: (When parent or guardian cannot be reached can student be released to Emergency contact?)

- Name _____ Relationship _____ Phone _____ Yes | No
- Name _____ Relationship _____ Phone _____ Yes | No
- Name _____ Relationship _____ Phone _____ Yes | No

Primary Language spoken at home: _____

- Race:
- Native American
 - Asian or Island Pacific
 - Black
 - White
 - Hispanic

Has this student ever attended Wareham Schools before? Yes No

List schools previously attended and location (please provide information for the last 3 years if applicable)

Name of School _____ Location _____ Grade _____
 Name of School _____ Location _____ Grade _____

Are you aware of any special school/classroom accommodations needed for your child? Yes No

If yes, please note: _____

Is your child currently receiving or has he/she received any of the following specialized services? Please provide current document.

- Special needs Program/IEP 504 Plan Services Medical Plan: _____ Ins. # _____
- Foster Student Date of most recent plan: ____/____/____ Mass Health _____
- Temporary Housing Free/Reduced Lunch Medicaid _____
- _____ Blue Cross _____
- _____ Other _____

Parent/Guardian Signature: _____ Date: _____

FOR SCHOOL USE ONLY

Entry Code: _____ Entry Date: _____ Health Rec'd: _____ Residency Verified: _____
 Curr Code: 1 2 3 SPED Trans. Code: _____ Building: _____ Residency Code: 1 22 33 55 77 88 99
 PowerSchool: _____ Entry Log: _____ CUM _____ Bus _____ Req. Records? _____ Lunch if Applicable: _____

WAREHAM PUBLIC SCHOOLS

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/info/services/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.

Massachusetts Parental Notice for One Time Consent to Allow the School District To Access MassHealth (Medicaid) Benefits

School District Name and Code: Wareham Public Schools 3100000

School/District Contact: Melissa Fay, Director of Student Services, 48 Marion Road, Wareham, MA 02571

Dear Parent/Guardian:

The purpose of this letter is to ask for your permission (also known as consent) to share information about your child with MassHealth. Local communities in Massachusetts have been approved to receive partial reimbursement from MassHealth for the costs of certain health-related services provided by the district to your child (or children). In order for your community to get back some of the money spent on services, the school district needs to share with MassHealth the following types of information about your child: name; date of birth; gender; type of services provided, when, and by whom; and MassHealth ID.

With your permission, the school district will be able to seek partial reimbursement for services provided by MassHealth, including, among others, a hearing test or eye exam; a school physical; occupational or speech or physical therapy; some school nurse visits; and counseling services with the school social worker or psychologist. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

The school district cannot share with MassHealth information about your child without your permission. As you consider giving permission, please be advised of the following:

1. The school district cannot require you to sign up for MassHealth in order for your child to receive the health-related and/or special education services to which your child is entitled.
2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can charge MassHealth for services provided. The school district can agree to pay the co-pay or deductible if any such cost is expected.
3. If you give the school district permission to share information with and request reimbursement from MassHealth:
 - a. This will not affect your child's available lifetime coverage or other MassHealth benefit; nor will it in any way limit your own family's use of MassHealth benefits outside of school.
 - b. Your permission will not affect your child's special education services or IEP rights in any way, if your child is eligible to receive them.
 - c. Your permission will not lead to any changes in your child's MassHealth rights; and
 - d. Your permission will not lead to any risk of losing eligibility for other Medicaid or MassHealth funded programs.
4. If you give permission, you have the right to change your mind and withdraw your permission at any time.
5. If you withdraw your permission or refuse to allow the school district to share your child's records and information with MassHealth for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you.

I have read the notice and understand it. Any questions I had were answered. I give permission to the school district to share with MassHealth records and information concerning my child(ren) and their health-related services, as necessary. I understand that this will help our community seek partial reimbursement of MassHealth covered services.

Parent/Guardian Signature: _____ Date: _____

Child's Name:	Date of Birth:	SASID # (for district to add):
Child's Name:	Date of Birth:	SASID # (for district to add):
Child's Name:	Date of Birth:	SASID # (for district to add):

Add more children



WAREHAM MIDDLE SCHOOL
508-291-3550
JOHN W. DECATAS ELEMENTARY SCHOOL
508-291-3530
ABNOI FOREST ELEMENTARY SCHOOL
508-291-3555

WAREHAM PUBLIC SCHOOLS
Central Administration Offices
48 Marion Road
Wareham, Massachusetts 02571
508-291-3500

WAREHAM HIGH SCHOOL
508-291-3510
WAREHAM COOPERATIVE
ALTERNATIVE SCHOOL
508-291-3590 X 6111

MILITARY FAMILY STATUS

In May 2012, as part of the VALOR Act, Massachusetts became a member of the Interstate Compact on Educational Opportunity for Military Children. The Compact aims to make the transition to a new school easier for military children in areas such as enrollment, assessment, graduation, etc. The provisions of the Compact also apply to students whose Parent/Guardian is currently deployed, or who was discharged from active duty due to a disability or died while on active duty within the past year.

Please fill in and return this form to your child's school if any of the following statements are true.

Military Family is defined as students who are children of:

(Please check the box that applies.)

- Yes, child of active duty member.
- Yes, child of member or veterans who are medically discharged or retired for 1 year.
- Yes, child of member who died on active duty.

Student Name: _____ Name of School: _____

Name of Person completing this form: _____ Date: _____

PLEASE PRINT

For more information, please visit: www.mic3.net

Wareham Public Schools
Kindergarten Transportation Notice for Parents/Guardians

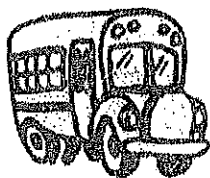
The Wareham Public Schools kindergarten program will be held at John W. Decas School for the school year 2018--2019.

The school department will provide transportation to and from the closest elementary bus stop to your residence. Students living less than one (1) mile from school will not be provided bus transportation. 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
Transportation Department
 Phone: 508-291-3574 FAX: 508-291-3570

Regular Education Transportation Request Form

Date: _____

New Student [] Change of Address [] Transferred out of District []

Status: Walker [] Parent Transports [] WPS Transports []

Bus #1 _____ Bus #2 _____ Take off Bus _____

Attending School: _____ Grade: _____

STUDENT INFORMATION:

LASID: _____ Last Name: _____ First Name: _____

Phone # _____ Cell Phone # _____

Parent/Guardian Name(s): _____

Home Address: _____

Section of Town: _____

Mailing Address (if different): _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

STUDENT TRANSPORTATION INFORMATION:

For students in Preschool – Kindergarten: The following people are designated to receive the student off the bus.

Name: _____ Phone: _____

Name: _____ Phone: _____

This form is not for variance requests.

For Administrative Use Only:

Date to begin: _____ Approved by: _____

TRANSPORTATION APPLICATION 2018-2019

Please complete one (1) application per family and include all students that will attend Wareham Schools, even if no payment is due and/or student is not using bus transportation.

Parent/Guardian Name(s): _____

Number of children attending Wareham Public Schools: _____

Street Address: _____

Home Phone: _____

Complete Mailing Address if different: _____

Cell/Work Phone: _____

Please list names of all students in family, even if no payment is due.

Please check one below:

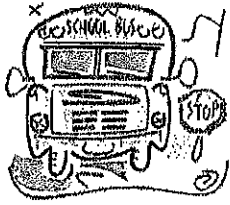
Student(s) Name(s)	School in 2018-2019	Grade in 2018-2019	Will use bus	Will not use bus

School Use Only

Eligible	Amount Paid	Scanned to other schools

Parent/Guardian Signature: _____

Date: _____



Wareham Public Schools
Transportation Department

Transportation Variance Request Form

School: _____ Date: _____

Student ID: _____ Student Name: _____ Grade: _____

Home Address: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Day Phone: _____

Variance Request Information:

Current Bus #: _____ Requested Variance Bus #: _____

CHECK ONLY ONE OF THE FOLLOWING REQUESTS:

- Picked up at the variance location (see below) on the way **TO** school
- Dropped off at the variance location (see below) on the way home **FROM** school
- Picked up and dropped off at the variance location (see below)

Name of facility/day care provider: _____

Variance address: _____

Facility/Day Care Phone number: _____

For Administrative Use only:

Date request received: _____

Approved effective date: _____

Not approved _____

Principal Signature

Transportation Director Signature

Wareham Public Schools
Kindergarten Supplemental Registration & Health Form

LASID _____ Grade _____
Room # _____ Bus # _____

STUDENT INFORMATION

Full legal name: _____ Sex: Male Female
Street address: _____
Mailing address: _____
Home telephone: _____ Cell phone(s): _____
Birth date: _____ Place of birth: _____ Age: _____ Grade _____
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	Relationship	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 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

Registration and Supplementary Health Form, page 2

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	Name/Location	Age Started	Hours per Week	Dates Attended
Private nursery school	_____	_____	_____	_____
Day care center	_____	_____	_____	_____
Day care in someone's home	_____	_____	_____	_____
Head Start	_____	_____	_____	_____
Pre-school/early childhood program	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

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

Early Childhood Education Experience Survey for Kindergarten Students

Please check next to the option that best describes your child's preschool experience in the school year prior to entering Kindergarten. Select one option only, and indicate hours where applicable. Thank you!

Child's Name: _____ Date of Birth: ____ / ____ / ____

<input type="checkbox"/>	My child did not have any formal early childhood program experience.
<input type="checkbox"/>	My child did not have formal early childhood program experience but participated in <u>Coordinated Family and Community Engagement (CFCE)</u> services. <i>Coordinated Family and Community Engagement (CFCE) Services: locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent-child activities).</i>
<input type="checkbox"/>	My child did not have formal early childhood program experience but participated in <u>Parent Child Home Program (PCHP)</u> services. <i>Parent Child Home Program (PCHP): home visiting model program funded through the Department of Early Education and Care.</i>
<input type="checkbox"/>	My child did not have formal early childhood program experience but participated in <u>BOTH Coordinated Family and Community Engagement (CFCE) AND Parent Child Home Program (PCHP)</u> services.
<input type="checkbox"/>	My child attended a <u>Licensed Family Child Care Provider</u> (indicate hours below). <i>Licensed Family Childcare: refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families.</i> <input type="checkbox"/> for less than 20 hours per week <input type="checkbox"/> for 20+ hours per week
<input type="checkbox"/>	My child attended a <u>Center Based Program</u> (indicate hours below). <i>Center-Based Care: refers to care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools.</i> <input type="checkbox"/> for less than 20 hours per week <input type="checkbox"/> for 20+ hours per week
<input type="checkbox"/>	My child attended <u>BOTH a Licensed Family Child Care Provider AND a Center Based Program</u> (indicate hours below). <input type="checkbox"/> for less than 20 hours per week <input type="checkbox"/> for 20+ hours per week



The John W. Decas school uses your primary email address to keep you informed! You will receive the Decas monthly newsletter, lunch menu, reminders and various notices directly to your email.

Student's Name _____

Parent's Name _____

Primary Email Address _____