

WAREHAM PUBLIC SCHOOLS

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



Preschool

Student Registration Packet

School Year: 2019/2020

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

**Wareham Public Schools
Preschool Registration**

Parent/Guardian Checklist

The following paperwork is required once your child is accepted into the preschool program.

- Wareham Public Schools Preschool Registration Form
- Wareham Public Schools Supplementary Health Form
- Birth Certificate (a true original copy, from the town hall of the town of birth, usually with a raised or embossed seal)
- 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.

Documents must be pre-printed with the name and address of the student's custodial* parent or guardian** and must be presented at the school once your child is accepted into the program. These documents will also be required for any change of address.

*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 and/or a Caregiver Authorization Affidavit.

- Current physical form provided by your child's physician
- Most recent immunization record which includes date and result of lead screen
- Page 1 & 2 of your last Federal Income Tax Form (if you are applying for reduced tuition or subsidy- peer model students only)

Wareham Public Schools Preschool Registration Form

For office use only:

Date of Entry _____ LASID _____ SASID _____

Session: Days: _____ Home Room #: _____ Bus In: _____ Bus Out: _____

Name _____ No Middle Name

Last _____ First _____ Full Middle _____

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

Home Address _____ Home phone: _____

_____ Mother's cell phone: _____

_____ Father's cell phone: _____

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 which addresses any aspect of the child's school attendance or educational program? Yes No *(A copy of all legal documents should be supplied to the school for our records)*

→ Please provide information regarding the primary caregivers:

Relationship	Name	Employer	Work Number
Father			
Mother			
Guardian			

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

→ 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 or pick this student up at school: _____

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

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/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 Public Schools
Preschool Supplementary 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: _____
Languages spoken in the home: _____

PARENT/GUARDIAN INFORMATION

Father's name: _____ Occupation: _____
Place of employment: _____ Work phone: _____
Mother's name: _____ Occupation: _____
Place of employment: _____ Work 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

John W. Decas School
760 Main Street
Wareham, MA 02571
508-291-3530



Integrated Preschool Application

Child's Name: _____ M or F Date of Birth: _____

Parent/Guardian Names: _____

The child's legal guardian is: Both Parents Mother Father Other: _____
(Circle one)

Home address: _____

Mailing Address: _____
(If different from above)

Home phone number: _____

Cell phone number: _____

Email address: _____

Names and ages of other children in the family: _____

Preferred session, if available: Morning Afternoon No Preference
(Circle one)

Has your child ever participated in a preschool or structured group activity? **Yes or No**

If yes, when and where? _____

If yes, how was your child's experience with the preschool or group activity?

What are you child's favorite activities? _____

- | | |
|---|------------------|
| Is your child toilet trained? | Yes or No |
| Is your child reluctant to talk? | Yes or No |
| Does your child play well with others? | Yes or No |
| Is your child easily upset by a change in routines? | Yes or No |
| Does your child have many temper tantrums? | Yes or No |
| Does your child nap? | Yes or No |

What additional information would you like us to know about your child?

Does your child have an allergies? **Yes or No**
If yes, please list them here?

Does your child have any health problems or a history of any medical difficulties? Does your child require medication for any condition? Please explain.

Please describe any leisure time activities your child takes part in or enjoys doing.

Integrated Preschool Payment Information

Depending on your family income, the cost of the preschool program will be:

Half day students - \$5.00/day, \$10.00/day, or you may be eligible for free tuition

Full day students - \$10.00/day, \$20.00/day, or you may be eligible for free tuition

Please note that tuition is still due and payable even if your child is absent. However, you will not be charged for scheduled teacher in-service days, holidays, or school vacations.

Students whose tuition runs more than 5 days in arrears will lose their peer model slot in the program.

Billing will be monthly.

You will receive an invoice prior to each billing period. The invoice will indicate your cost based on the scheduled number of days your child will attend school in that billing period.

No personal checks will be accepted. If paying by bank check or money order, please make the check payable to ***Wareham Public Schools*** with the notation "preschool tuition" in the memo section. You may drop your payment off at the John W. Decas School, 760 Main Street, Wareham, MA 02571.

Please note: If paying by cash, you can bring it to the Multi Service Center, 48 Marion Road, Wareham, MA 02571 and see Tish Ciccotelli personally,

Based on the information you provided, your tuition will be:

<u>Half Day Students</u>			<u>Full Day Students</u>	
<input type="checkbox"/> \$5.00/day	<input type="checkbox"/> \$10.00/day	<input type="checkbox"/> Free	<input type="checkbox"/> \$10.00/day	<input type="checkbox"/> \$20.00/day
<input type="checkbox"/> Free				

The \$100.00 down payment paid at the time of registration, will be deducted from your first bill.

If you have any questions regarding billing, please contact Anne Marie Fillion at 508-291-3530 Extension 1003.



Commonwealth of Massachusetts
Department of Early Education and Care (EEC)

INCOME ELIGIBILITY TABLE

Step 1: Use This Form to Determine Family Eligibility

1. Find the column with the family's size written at the top.
2. Read down the column until you come to the correct income (either annual or monthly).
3. Then read directly across to the left to determine "Percent of State Median Income."
4. Please refer to relevant SMI Percentage (i.e. initial vs. reassessment - OR - special needs) to determine the family's eligibility.

% of State Median Income (SMI)	Family of Two		Family of Three		Family of Four		Family of Five		Family of Six		Family of Seven		Family of Eight		Family of Nine	
	Annual	Monthly*	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
50% SMI	\$38,697	\$3,225	\$47,802	\$3,984	\$56,908	\$4,742	\$66,013	\$5,501	\$75,118	\$6,260	\$76,825	\$6,402	\$78,532	\$6,544	\$80,240	\$6,687
85% SMI	\$65,785	\$5,482	\$81,264	\$6,772	\$96,743	\$8,062	\$112,222	\$9,352	\$127,700	\$10,642	\$130,603	\$10,884	\$133,505	\$11,125	\$136,407	\$11,367
100% SMI	\$77,394	\$6,450	\$95,605	\$7,967	\$113,815	\$9,485	\$132,025	\$11,002	\$150,236	\$12,520	\$153,650	\$12,804	\$157,065	\$13,089	\$160,479	\$13,373

% of State Median Income (SMI)	Family of Ten		Family of Eleven		Family of Twelve	
	Annual	Monthly	Annual	Monthly	Annual	Monthly
50% SMI	\$81,947	\$6,829	\$83,654	\$6,971	\$85,361	\$7,113
85% SMI	\$139,310	\$11,609	\$142,212	\$11,851	\$145,114	\$12,093
100% SMI	\$163,894	\$13,658	\$167,308	\$13,942	\$170,723	\$14,227

*To calculate a monthly income from a weekly income multiply by 4.33.

**To calculate a monthly income from a bi-weekly income multiply by 2.17.