

MELROSE PUBLIC SCHOOLS REGISTRATION FORM

Office Use Only: Date Rec'd _____

Year of Graduation _____

STUDENT INFORMATION

FRANKLIN EARLY CHILDHOOD CENTER 2015

Does student currently attend the Franklin ECC? Yes _____ No _____

STUDENT NAME _____
LAST NAME FIRST NAME MIDDLE NAMEGENDER: MALE _____ FEMALE _____ STUDENT BIRTH DATE _____
mm-dd-yyyy

PLACE OF BIRTH (CITY) _____ RACE CODE (SEE ATTACHED) _____

COUNTRY OF ORIGIN (where child was born) _____ NATIVE LANGUAGE _____

INDIVIDUAL EDUCATION PLAN (IEP) DOES THE STUDENT CURRENTLY RECEIVE SERVICES ON AN IEP? YES _____ NO _____

504 ACCOMODATION PLAN DOES THE STUDENT CURRENTLY RECEIVE SERVICES ON A 504? YES _____ NO _____

DOES THE CHILD'S FAMILY HAVE A MILITARY AFFILIATION? YES _____ NO _____

IF YES, PLEASE SELECT FROM THE FOLLOWING: VETERAN _____ ACTIVE DUTY _____ RESERVES _____

CONNECT-ED INFORMATION* – WHAT IS CONNECT-ED? (SEE ATTACHED)

DO YOU WANT TO PARTICIPATE IN CONNECT-ED? YES _____ NO _____

If you answered "YES" above, please complete the following:

Primary Phone Number _____ Primary Email Address _____

Secondary Phone Number _____ Secondary Email Address _____

MEDIA RELEASE – PERMISSION (SEE ATTACHED)

Please select one: Unrestricted Use _____ Partial Use _____ Limited Use _____ Deny Use _____

STUDENT RESIDENCE INFORMATIONPARENT/GUARDIAN NAME _____
FULL NAME(S) OF PARENT / GUARDIAN FOR MAILING ADDRESS LABELSSTREET _____ HOME PHONE _____
xxx-xxx-xxxx

CITY _____ STATE _____ ZIP _____

GUARDIAN STATUS (SEE ATTACHED) YES _____ NO _____ STATE WARD STATUS (SEE ATTACHED) YES _____ NO _____

PTO DIRECTORY INFORMATION

MAY WE LIST YOUR CONTACT INFORMATION IN THE SCHOOL'S PTO PHONE DIRECTORY? YES _____ NO _____

If you answered "YES" directory information will be taken from Student Residence Information listed above.

STUDENT INFORMATION

FRANKLIN EARLY CHILDHOOD CENTER 2015

SIBLINGS

Please indicate the names of your other children, the grade and school they will enter in September 2015.

Sibling name; _____ Grade: _____ School: _____

Sibling name; _____ Grade: _____ School: _____

Sibling name; _____ Grade: _____ School: _____

PARENT/GUARDIAN CONTACT INFORMATION

CONTACT 1 (PARENT/GUARDIAN)

NAME _____

STREET _____

CITY _____ STATE _____ ZIP CODE _____

PRIMARY PHONE _____ WORK _____ HOME: _____

EMPLOYER _____ RELATIONSHIP TO STUDENT _____

CONTACT 2 (PARENT/GUARDIAN)

NAME _____

STREET _____

CITY _____ STATE _____ ZIP CODE _____

PRIMARY PHONE _____ WORK _____ HOME: _____

EMPLOYER _____ RELATIONSHIP TO STUDENT _____

EMERGENCY CONTACT INFORMATION

CONTACT MUST BE SOMEONE OTHER THAN A PARENT/GUARDIAN

NAME _____ HOME PHONE _____

CELL PHONE _____ RELATIONSHIP TO STUDENT _____

Program Choice 2015-2016

Notification of your program choice will be done via email.

The tuition rates for the 2015-2016 school year are currently under review by the Melrose School Committee. The rates noted below reflect the proposed rates for next school year.

Program Schedules and Tuition
(rates subject to change)

Pre-School Program (3 yrs.)	(Thurs. & Friday) from 9 - 12:00	\$2023.00
Pre-School Program (3 yrs.)	(Mon, Tues, Wed,) from 9 - 12:00	\$2888.00
Pre-Kindergarten Program (4 yrs.)	(Mon - Friday) from 9:00 - 12:00	\$4296.00
Pre-Kindergarten Program* (4 yrs.)	(Mon-Thursday) from 9:00 - 1:30	\$5174.00
Pre-Kindergarten Program **(4 yrs)	(Mon - Thursday) from 8:25 - 2:10	\$5885.00
Multi-Age Program** (3 & 4 yrs)	(Thur. - Friday) from 8:25 - 2:10	\$3060.00
Multi-Age Program** (3 & 4 yrs.)	(Mon - Wednesday) from 8:25 - 2:10	\$4495.00
Multi-Age Program ** (3 & 4 yrs.)	(Mon - Thursday) 8:25 - 2:10	\$5885.00
Multi- Age Program **(3 & 4 yrs.)	(Mon - Fri.) 8:25 - 2:10	\$7270.00

* Includes a lunch period

**Includes a lunch period & quiet time. This program is eligible for our Education Stations Jr. before & after-school program (Please see attached).

Adherence to Melrose Public School District calendar, including all early release days, professional development days, and school vacation days are considered when determining the tuition rates for each program.

Tuition will be collected in 10 monthly installments (April, May, June, and September - March)

TUITION

Tuition is collected in ten installments (April-June, September-March). Tuition rates are determined based on program days, Holidays, Melrose Public Schools Early Release Days and school vacations are factored into this rate; therefore no further adjustments will be made during the year. Shortly after notifying the office of accepting a child's program placement, families are asked to give a non-refundable \$100.00 deposit to secure their spot. This \$100 will be applied to the first tuition payment in April. Tuition may be paid on-line (student ID number required), by check (payable to "Melrose Public Schools"), mailed to the Franklin Early Childhood Center, sent to school via your child's teacher or dropped off in the office. Please indicate your child's name and program on the check. If a check is returned for insufficient funds, a bank fee of \$55.00 will be assessed to cover the charges incurred from the bank. Tuition received after the 10th of the month will be charged a \$25 late fee. *The Melrose Public Schools reserves the right to discontinue a child's enrollment if tuition and fees are not paid on time.*

Dependent Care Expenses/Flexible Spending Account – Receipts will be provided upon request for all dependent care expenses and/or flexible spending accounts. However, although we collect tuition in advance, Franklin ECC tuition receipts are based on service dates only and will be processed the first week after the end of the monthly billing cycle between September and June.

Melrose Public Schools
Confidential Student Health and Emergency Information Sheet

Student's Name _____ Teacher _____ Grade _____
Date of Birth _____ Sex: Male Female Primary Language _____
Address _____
Resides with _____ Home Telephone _____
Name(s) Parent/Guardian #1 _____ #2 _____
Parent/Guardian #1 Work Phone _____ #2 _____
Parent/Guardian #1 Cell Phone _____ #2 _____
E-Mail #1 _____ #2 _____

Names and grades of siblings in Melrose Schools: _____
Does your child attend a before or after school program or have a sitter (Y / N) If yes, please provide the contact name and telephone number: _____

Does your child have health insurance? Please circle Yes / No Private / Public* _____
*If you don't have health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable healthcare (restrictions may apply). Please contact your school nurse for more information about these programs. All communications are confidential.

Note: In case of an emergency and 911 is called, your child will be transported by ambulance to an emergency care facility, if necessary. Please indicate your hospital preference: _____

In case of an emergency or illness and we are unable to reach the contacts listed above, please provide two alternative contacts who will assume responsibility and transportation:

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

Pediatrician _____ Phone _____
Dentist _____ Phone _____
How often does your child visit the dentist? _____ Once a year _____ Twice a year _____ Never

List ALL medications your child takes: _____

I give the school nurse permission to administer the following (please circle the medications that you agree with):
Acetaminophen (Tylenol) Diphenhydramine Hcl (Benadryl) Ibuprofen (Advil) –grades 6-12 only Tums

Please circle all the following that apply to your child: History of Concussion Yes No How many? _____

Heart Condition Diabetes Asthma Seizure Disorder Migraines ADHD / ADD Rheumatic Fever

Depression Kidney Disease Frequent Ear Infections Other _____

Speech Problems (specify) _____

Hearing Problems (specify) _____

Vision Problems (specify) _____

Allergies (specify-food, environmental, medication, insect) _____

I give permission to the school nurse to share this information, relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment.

Signature of Parent/Guardian _____ Date _____

Franklin Early Childhood Center Developmental History

Child's full name: _____ Nickname: _____

Sex: M F

Has this child ever attended Head Start or Even Start program(s)? Yes/No

Has this child ever attended Early Intervention? Yes/No If your child received Early Intervention services, please indicate reason and dates of service: _____

Is your child currently receiving services from any specialists(s) i.e., speech, physical therapy, etc? _____

Other children in family:

<u>Name</u>	<u>Birthdate</u>	<u>Relationship</u>	<u>Grade/at home</u>
-------------	------------------	---------------------	----------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any history of learning disabilities in family? Yes/No. If yes, please describe:

Health

Any known complications at birth: _____

Age child began sitting: _____ crawling: _____ walking: _____ talking: _____

Any noted speech difficulties: _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions or disabilities: _____

Does child eat with hands: _____ spoon: _____ fork: _____

Does child nap during the day and if so, how long? _____

What time does child go to bed at night?: _____ Get up in the morning? _____

Describe any characteristics or needs (stuffed animal, story, mood on waking etc): _____

Toileting

Is your child toilet trained: Bladder control Yes ___ No ___ Bowel control Yes ___ No ___

If your child is not yet toilet trained, the school nurse will contact you to provide training information.

Indicate contact information:

Email: _____ Phone: _____

Social Relationships

How would you describe your child's temperament? _____

Previous experience with other children/early childhood programs:

How does your child react to strangers?: _____

Favorite toys/activities:

Fears (the dark, animals etc):

How do you comfort your child?:

What would you like your child to gain from this early education experience?:

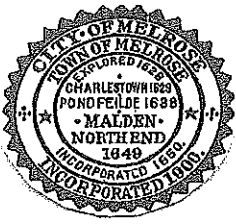
Is there anything else you would like us to know about your child?: _____

Please return this form to ECC, 16 Franklin Street, Melrose, MA 02176 no later than April 1, 2015.

Home Language Survey

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

Student Information	
First Name	Middle Name
Country of Birth	Date of Birth (mm/dd/yyyy)
Last Name	Date first enrolled in ANY U.S. school (mm/dd/yyyy)
<div style="display: flex; justify-content: space-between;"> F M </div> Gender	
School Information	
Start Date in New School (mm/dd/yyyy)	Name of Former School and Town
Current Grade	
Questions for Parents/Guardians	
What is the native language(s) of each parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / guardian)	Which language(s) are spoken with your child? (include relatives -grandparents, uncles, aunts, etc. - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
What is the native language of your child?	Which language do you use most with your child?
Which other languages does your child know? (circle all that apply) _____ speak / read / write _____ speak / read / write	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
Is your child able to complete class work in English? <div style="display: flex; justify-content: space-around; width: 100%;"> Y N </div>	Will you require written information from school in your native language? <div style="display: flex; justify-content: space-around; width: 100%;"> Y N </div>
Parent/Guardian Signature: X	Will you require an interpreter/translator at Parent-Teacher meetings? <div style="display: flex; justify-content: space-around; width: 100%;"> Y N </div>
<div style="display: flex; justify-content: space-between;"> _____ / _____ /20 </div> Today's date: (mm/dd/yyyy)	



MELROSE PUBLIC SCHOOLS

Early Childhood Center at Franklin School
16 Franklin Street, Melrose, MA 02176
781-979-2260
2015-2016

Donna Rosso, Director
drosso@melroseschools.com

Lisa Gentile, Administrative Assistant
lgentile@melroseschools.com

Child's Name: _____

Child's Teacher: _____

AUTHORIZED STUDENT RELEASE FORM

Please list authorized adult(s) you give permission to pick up your child from school; we will not release a child to anyone except those persons listed below. Thank you.

	Name	Phone
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Please let your child's teacher know if there are any changes to this list.

If there is a person who should NOT be allowed to take your child home (as in the case of a custody agreement) please provide court ordered documentation and speak with your child's teacher.

SIGNATURE OF PARENT OR GUARDIAN _____

DATE: _____

	Not Hispanic Or Latino	Hispanic Or Latino
One race		
White	01	33
Black or African American	02	34
Asian	03	35
American Indian or Alaska Native	04	36
Native Hawaiian or Other Pacific Islander	05	37
Combination of Two Races		
White & Black or African American	06	38
White & Asian	07	39
White & American Indian or Alaska Native	08	40
White & Native Hawaiian or Other Pacific Islander	09	41
Black or African American & Asian	10	42
Black or African American & American Indian or Alaska Native	11	43
Black or African American & Native Hawaiian or Other Pacific Islander	12	44
Asian & American Indian or Alaska Native	13	45
Asian & Native Hawaiian or Other Pacific Islander	14	46
American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	15	47
Combination of Three Races		
White & Black or African American & Asian	16	48
White & Black or African American & American Indian or Alaska Native	17	49
White & Black or African American & Native Hawaiian or Other Pacific Islander	18	50
White & Asian & American Indian or Alaska Native	19	51
White & Asian & Native Hawaiian or Other Pacific Islander	20	52
White & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	21	53
Black or African American & Asian & Native Hawaiian or Other Pacific Islander	22	54
Black or African American & Asian & American Indian or Alaska Native	23	55
Black or African American & Native Hawaiian or Other Pacific Islander & American Indian or Alaska Native	24	56
Asian & Native Hawaiian or Other Pacific Islander & American Indian or Alaska Native	25	57
Combination of Four Races		
White & Black or African American & Asian & American Indian or Alaska Native	26	58
White & Black or African American & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	27	59
White & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	28	60
White & Black or African American & Asian & Native Hawaiian or Other Pacific Islander	29	61
Black or African American & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	30	62
Combination of Five Races		
White & Black or African American & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	31	63