

FREETOWN / LAKEVILLE EARLY CHILDHOOD CENTER
PRESCHOOL PROGRAM REGISTRATION FORM

Child's Name: _____

Address: _____

Telephone: _____ Child's Birth date: _____

Parent Names: _____

Siblings: _____ (name / age) _____ (name / age)

Pertinent Medical Information:

List any prior preschool experiences:

	YES	NO	Explain
Is your child's language fluent & intelligible to others outside the family?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is your child physically competent?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is your child completely toilet trained?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Will your child separate easily from a parent?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Will your child participate in group activities?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Will your child socialize among peers?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Will your child play independently for short periods of time?	<input type="checkbox"/>	<input type="checkbox"/>	_____



Why would you like your child to participate in a preschool program?

The following forms must be returned to Freetown Elementary School by Thursday, February 28, 2019

- Current Immunization Forms
- Birth Certificate
- Registration Forms
- Residency Documentation

Thank you for your interest in our program.

Children must be Freetown/Lakeville residents and age 3 by August 31, 2019 or age 4 by August 31, 2019.

Prospective students' parents will be contacted once the student has been selected via lottery and a completed registration packet will be then be required and filled out by June 10, 2019 to Freetown Elementary School.

Class meets Monday, Tuesday, Wednesday and Thursday from 9:15-11:45 for the morning session and 12:45-3:15 for the afternoon session.

Transportation must be provided.

Tuition is \$14.00 per day. Payment is due quarterly. Tuition assistance forms are available to eligible families at the Special Education Office at 98 Howland Road, Lakeville, MA 02347.

For further questions, please contact the office at 508-923-2000 extension 1712.



Freetown-Lakeville Regional School District Registration Forms

These forms should be used to register students at all Freetown-Lakeville Regional Schools. Parents will return forms and other documentation to the district school where they will enroll their child(ren). Only complete registration packets will be accepted for enrollment.

FREETOWN-LAKEVILLE REGIONAL SCHOOL DISTRICT REGISTRATION

Dear Parent/Guardian:

All students who will be attending schools in the Freetown-Lakeville Regional School District, including those students registering for Preschool, must complete a registration packet that includes the information listed below and return it to the main office in the school in which their child/children will be attending.

1. ____ COMPLETED STUDENT REGISTRATION FORM (form attached)
2. ____ RELEASE OF INFORMATION (Permission to accept student records from previous school - form attached)
3. ____ HOME LANGUAGE SURVEY (form attached)
4. ____ HEALTH AND EMERGENCY CONTACT INFORMATION (form attached)
5. ____ ONE CALL NOW CONTACT INFORMATION
6. ____ RESIDENCY DOCUMENTS (**Required** in accordance with SC policy JCA-1) – Four (4) documents required.
 1. ____ Affidavit of Residency (form attached)
 - 2a. ____ Evidence of Residency (**one** of the following is **required**)
 - Record of recent mortgage and/or property tax bill
 - Copy of lease and record of recent rental payment
 - Landlord affidavit and recent rental payment
 - Section 8 agreement
 - 2b. ____ Evidence of Occupancy (**one** of the following is **required**)
 - Recent bill dated within the past 60 days showing a Freetown or Lakeville address
 - Gas bill
 - Oil bill
 - Electric bill
 - Home telephone bill (not cell phone)
 - Cable bill
 - Excise Tax bill
 - 2c. ____ Evidence of Identification (**one** of the following is **required**)
 - Valid Driver's License
 - Valid MA Photo ID Card
7. ____ Student BIRTH CERTIFICATE (required)
8. ____ Student IMMUNIZATION RECORDS (up to date - required)
9. ____ Student ACADEMIC RECORDS (if available)
10. ____ Student DISCIPLINE RECORDS (if available)
11. ____ Student INDIVIDUAL EDUCATIONAL PLAN (if applicable)
12. ____ Student 504 PLAN (if applicable)

STUDENT REGISTRATION FORM

PLEASE PRINT ALL INFORMATION ON THIS FORM

School	<input type="checkbox"/> ARHS <input type="checkbox"/> FLMS <input type="checkbox"/> GRAIS <input type="checkbox"/> AES <input type="checkbox"/> FES
Incoming Grade:	<input type="checkbox"/> PK <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

Student Last Name	Student First Name	Student Full Middle Name	<input type="checkbox"/> Female <input type="checkbox"/> Male Gender (Please Select)
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Address #	Street	Town	Zip Code
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Mailing Address (If different from residential address)	Home Telephone Number
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City/Town of Birth (NOT Town of Residence at time of birth)	Date of Birth (MM/DD/YYYY)
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Student resides with (check one): Both parents Mother Father Other (Please explain)

Marital status of parents (check one): Married Divorced Separated Single Deceased Other (Please explain)

If divorced/separated, is student allowed to leave school with either parent? Yes No (If NO, legal documentation is required)

Information Guardian #1			
Guardian #1 Full Name	Address	Home Phone	Cell Phone

Email Address	Occupation/Place of Employment	Work Phone
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<input type="checkbox"/> Yes <input type="checkbox"/> No Active Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No Discharged/Retired Military (> than 1 year)
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Information Guardian #2			
Guardian #2 Full Name	Address	Home Phone	Cell Phone

Email Address	Occupation/Place of Employment	Work Phone
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<input type="checkbox"/> Yes <input type="checkbox"/> No Active Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No Discharged/Retired Military (< than 1 year)
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Name of student's siblings:

ETHNICITY of student (check <u>one</u> only)	<input type="checkbox"/> Hispanic or Latino (including Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race) <input type="checkbox"/> Not Hispanic or Latino
RACE of student (check <u>one or more</u>)	<input type="checkbox"/> White (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa) <input type="checkbox"/> Black or African American (a person having origins in any of the black racial groups of Africa) <input type="checkbox"/> Asian (a person having origins in any of the original peoples of the Far East, South Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam for example) <input type="checkbox"/> 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). <input type="checkbox"/> Native Hawaiian or Other Pacific Islander ((a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
Primary Language spoken at home	<input type="checkbox"/> English <input type="checkbox"/> Other (please state other language):

Is the student under the supervision of Department of Children and Families (DCF)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have a current Individualized Education Plan (IEP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have a current 504 Accommodation Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student previously attended school in Freetown-Lakeville?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of school student is transferring from	Address of school student is transferring from

Signature of Registrant	Relationship to Student

Office Use Only			
SASID	LASID	Date to Begin Enrollment	Proof of Residency



Freetown-Lakeville Regional Schools Release of Information

I hereby authorize the Freetown-Lakeville Regional Schools and its personnel to accept from:

Name of institution, organization, person, etc.
Street Address
City, State, Zip Code

Information in the school record of the named student as checked below:

- Academic Records
- Testing Records
- MCAS and other Assessment Records/Results
- Individual Education Plan (IEP) (if applicable)
- 504 Accommodation Plan (if applicable)
- Health Records
- Attendance Records
- Discipline/Suspension Records (or written statement if no occurrences)

Name of Student: _____

Student's Signature: _____ Date: _____

Parent's Signature*: _____ Date: _____

*Required if student is under 18 years of age

Requesting School:

- | | | | |
|---|--|----------------------|--------------------|
| <input type="checkbox"/> Apponequet Regional High School | 100 Howland Road, Lakeville, MA 02347 | 508-947-2660 (Phone) | 508-946-2350 (Fax) |
| <input type="checkbox"/> Freetown-Lakeville Middle School | 96 Howland Road, Lakeville, MA 02347 | 508-763-5183 (Phone) | 508.923-0934 (Fax) |
| <input type="checkbox"/> G.R. Austin Intermediate School | 112 Howland Road, Lakeville, MA 02347 | 508-923-3506 (Phone) | 508.947-0266 (Fax) |
| <input type="checkbox"/> Assawompset Elementary School | 232 Main Street, Lakeville, MA 02347 | 508-947-1403 (Phone) | 508.947-7068 (Fax) |
| <input type="checkbox"/> Freetown Elementary School | 43 Bullock Road, East Freetown, MA 02717 | 508-763-5121 (Phone) | 508 763-3986 (Fax) |



Freetown-Lakeville Regional Schools

Home Language Survey

The 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 to meet this important requirement by answering the following questions:

School	<input type="checkbox"/> ARHS <input type="checkbox"/> FLMS <input type="checkbox"/> GRAIS <input type="checkbox"/> AES <input type="checkbox"/> FES
Incoming Grade:	<input type="checkbox"/> PK <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

			<input type="checkbox"/> Female <input type="checkbox"/> Male
Student Last Name	Student First Name	Student Full Middle Name	Gender (Please Select)

Address #	Street	Town	Zip Code

Mailing Address (<i>If different from residential address</i>)	Home Telephone Number

Country/City/Town of Birth (<i>NOT Town of Residence at time of birth</i>)	Date of Birth (MM/DD/YYYY)

Which languages are spoken with your child (include relatives and caregivers)?	English: <input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom Other: _____ <input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom Other: _____ <input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom
What is the native language of the child's Guardian #1?	<input type="checkbox"/> English <input type="checkbox"/> Other:
What is the native language of the child's Guardian #2?	<input type="checkbox"/> English <input type="checkbox"/> Other:
What language did your child first understand/speak?	<input type="checkbox"/> English <input type="checkbox"/> Other:
What language do you use most often when speaking with your child at home?	<input type="checkbox"/> English <input type="checkbox"/> Other:
What language does your child use most often when speaking with you at home?	<input type="checkbox"/> English <input type="checkbox"/> Other:
What language does your child use most often when speaking with family members?	<input type="checkbox"/> English <input type="checkbox"/> Other:
What language does your child use most often when speaking with friends?	<input type="checkbox"/> English <input type="checkbox"/> Other:
What language(s) does your child read?	<input type="checkbox"/> English <input type="checkbox"/> Other:
What language(s) does your child write?	<input type="checkbox"/> English <input type="checkbox"/> Other:
At what age did your child start attending school?	Age: _____
Has your child attended school every year since first enrolling?	<input type="checkbox"/> Yes <input type="checkbox"/> No (<i>please explain</i>):
In what language would you prefer oral/written communication from school?	<input type="checkbox"/> English <input type="checkbox"/> Other:
Will you require a translator at Parent-Teacher Meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Parent/Guardian	Today's Date
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Office Use Only	
	<input type="checkbox"/> L1 – Beginner <input type="checkbox"/> L2 – Early Intermediate <input type="checkbox"/> L3 – Intermediate <input type="checkbox"/> L4 – Transitioning <input type="checkbox"/> L5 – Not LEP
W-APT Testing Date	W-APT Testing Results



Freetown-Lakeville Regional Schools Health and Emergency Contact Information

All students admitted into the Freetown-Lakeville Regional Schools must be in complete compliance with the Massachusetts Immunization Law. Please complete this form, sign, and return with student registration packet.

Student Information		
Student Last Name	Student First Name	Student Full Middle Name

Address #	Street	Town	Zip Code

	<input type="checkbox"/> Female <input type="checkbox"/> Male	
Date of Birth (MM/DD/YY)	Gender (Please Select)	Grade

Information Guardian #1			
Guardian #1 Full Name	Address	Home Phone	Cell Phone

Email Address	Occupation/Place of Employment	Work Phone

Information Guardian #2			
Guardian #2 Full Name	Address	Home Phone	Cell Phone

Email Address	Occupation/Place of Employment	Work Phone

Name of Student's Primary Health Care Provider		Phone Number	
Name of Student's Dentist		Phone Number	

Please list those other adults who have agreed to care for and/or transport your child in the event that the parent or guardian cannot be reached. Siblings must be listed if they are allowed to transport the child.

Name:	Relationship:	Phone Number:

PLEASE COMPLETE REVERSE SIDE

Does your child have any known food/substance allergies? Allergic to: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Local reaction <input type="checkbox"/> Breathing Problem/ Life Threatening Reaction	Prescribed treatment?
Does your child have any know allergies to medication ? Allergic to: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Local reaction <input type="checkbox"/> Breathing Problem/ Life Threatening Reaction	Prescribed treatment?
Does your child have any known insect allergies? Allergic to: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Local reaction <input type="checkbox"/> Breathing Problem/ Life Threatening Reaction	Prescribed treatment?

Does your child have any medical concerns or is he/she under the care of a physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please explain:
Does your child have any disabilities (i.e. hearing loss, vision problems, orthopedic devices, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please explain:
Does your child need any medication during the school day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please explain:
Does your child need an inhaler during the school day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please explain:

Medications (including “over the counter” medications like Tylenol) will not be given to any student until a written order from a licensed physician and a consent form signed by the parent/guardian is on file with the school nurse. Students must not carry any type of oral medication at school or on the bus. Inhalers may be carried by the child only if approved by the physician, parent, and school nurse.

I give the Freetown-Lakeville Regional Schools permission to share this information with appropriate school or emergency personnel.

Signature of Parent/Guardian	Today's Date



Freetown-Lakeville Regional Schools

One Call Now Contact Information

Dear Parents/Guardians,

The Freetown-Lakeville Regional School District has implemented the One Call Now notification service (Integrity). This service allows the school to send a message to ALL of our students' parents/guardians on two contact numbers within minutes. This service can and will be used should an emergency occur as well as notification of school closings.

This system can only be as successful as the contact information we have been given for our students. In order for the message to be delivered successfully and in a timely manner, we are asking your help. We are asking you to please give us two (2) contact numbers that you would want to be called in the case of an emergency or no school announcement.

Please fill out the bottom of this page and contact the school immediately if your address or any of your phone numbers change.

Name of Student: _____

School:	Grade:
<input type="checkbox"/> Apponequet Regional High School <input type="checkbox"/> Freetown-Lakeville Middle School <input type="checkbox"/> G. R. Austin Intermediate School <input type="checkbox"/> Assawompset Elementary School <input type="checkbox"/> Freetown Elementary School	<input type="checkbox"/> PK <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

Contact Number (Include Area Code)	Contact Description
____-____-____	<input type="checkbox"/> Home Phone <input type="checkbox"/> Parent Cell <input type="checkbox"/> Parent Work <input type="checkbox"/> Other: _____
____-____-____	<input type="checkbox"/> Home Phone <input type="checkbox"/> Parent Cell <input type="checkbox"/> Parent Work <input type="checkbox"/> Other: _____
____-____-____	<input type="checkbox"/> Home Phone <input type="checkbox"/> Parent Cell <input type="checkbox"/> Parent Work <input type="checkbox"/> Other: _____

Contact Email #1:	
Contact Email #2:	



Freetown-Lakeville Regional Schools Residency Verification Form

The adult registering the student must complete the following statement and return in to school to initiate the registration process. It should be noted that the information provided may be verified and if found to be false will result in the dismissal of the student from the Freetown-Lakeville Schools.

STATEMENT

Under penalty, I attest that _____ is residing with me, _____ at
(Print Name of Student) (Print Name of Adult Registering Student)

my legal address of: _____
(Print Address of Adult Registering Student)

I further attest that _____ is not residing with me for the sole purpose of attending
(Print Name of Student)

school in the Freetown-Lakeville Regional School District.

Sincerely,

Print Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date