



Little Lancers Preschool

at J.C. Solmonese Elementary School

NORTON

PUBLIC SCHOOLS

Ann Marie Baker, Early Childhood Coordinator & Assistant Principal
Riitta Bolton, Principal

315 West Main St. (508) 285-0120
Norton, MA (508) 285-0130 (f)
02766 norton.k12.ma.us

Welcome to the Little Lancers Preschool!

Please find a checklist for registration. Please complete ALL items and return to the **Norton Public Schools Superintendent's Office, 64 West Main Street, Norton, MA** to complete your registration.

1. _____ Norton Public Schools **Registration Form**
2. _____ Proof of **Residency & Documentation** (utility bill, lease, etc.)
3. _____ **Home Language Survey**
4. _____ **Health Record** (*Physical, immunization record, lead test, Dr. orders for medicines/treatments to be administered at school*)
5. _____ **Birth Certificate** issued by the town or state
6. _____ **Developmental and Social History** form
7. _____ **ASQ-SE 2 and ASQ-3** Screening documents
8. _____ **Photo/Videotape Release**
9. _____ If applicable, one month's tuition to hold your child's spot
(*Check/Money Order payable to **N.P.S. Early Childhood** and paid at the Superintendent's Office, 64 West Main Street, Norton, MA 02766. This deposit will be applied to the first month's tuition.*)
10. _____ **Consent to Release/Obtain Confidential Information**
(*ONLY if your child has attended another preschool and/or daycare prior to enrollment in Little Lancers Preschool.*)
11. _____ Completed **Child Outcome Summary Questionnaire**
12. _____ **Signed and returned IEP** (if applicable) to the school/Team Chairperson,
if your child is attending preschool with an IEP
13. _____ Completed **Transportation Form ONLY** if your child requires transportation per their IEP

Our Mission: Promote individual talents and maximize each student's potential.

It is the policy of Norton Public Schools to provide a learning environment free from discrimination or harassment. All students, regardless of race, color, sex, religion, national origin, limited English proficiency, sexual orientation, gender identity, disability, or housing status, have equal access to all programs including athletics and other extracurricular activities.

NORTON PUBLIC SCHOOLS

Student Registration **Date:** _____

Student Information	<i>Please Print</i>			GRADE ENTERING: _____
Student's Last Name	SASID:			
Student's First Name				
Student's Middle Name	(Enter <i>NMN</i> If Student Has No Middle Name)			
Street Address	Apt #			
City, State Zip Code				
Primary Contact Phone				
Sex (Circle One)	Female	Male	Non-Binary	
Birth Date (Month / Day / Year)				
School (Circle One)	JCS	LGN	HAY	NMS NHS
Place Of Birth				
State of Birth				
First Language				
Country Of Origin				
Race (You May Circle More Than One)	01 White			04 American Indian Or Alaska Native
	02 Black Or African American			05 Native Hawaiian Or Other Pacific Islander
	03 Asian			
Ethnicity (Circle One)	No, Not Hispanic Or Latino		Yes, Hispanic Or Latino	
Baby Sitter/Day Care (If Applicable)	Name:		Phone:	
Does your child have an Individualized Ed. Plan or 504 Plan? (Circle One)	IEP	504 Plan	No Plan	
Student's Physician				
Student's Dentist				
Is your child covered by health insurance? (Circle One)	Yes	No		
Please list other family members enrolled in Norton Public Schools				

Parent/Guardian Contact Information	Father/Guardian 1	Mother/Guardian 2
Name		
Cell Phone		
Email		
Employer		
Business/Work Phone		
Pupil Lives With (Circle One)	Both Parents	Father Mother Guardian
Custodial Issues (Circle One)	Yes No	If there are any legal issues concerning custodial / parental rights, please explain on the reverse side.
Release Only To:		

Emergency Contact Information	Emergency Contact 1	Emergency Contact 2
Name		
Relationship		
Emergency Phone		

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Verification of Residency

STUDENT'S NAME _____
[Last] [First] [Middle Initial]

RESIDENCE _____
[House Number/Street] [Apartment #] [Zip Code]

DATE OF BIRTH _____
[Month] [Day] [Year]

THE ABOVE-LISTED STUDENT IS REGISTERING AT -

[Check One]

- | | |
|--|---|
| <input type="checkbox"/> L. G. Nourse Elementary School
<input type="checkbox"/> H. A. Yelle Elementary School
<input type="checkbox"/> Norton High School | <input type="checkbox"/> J. C. Solmonese Elementary School
<input type="checkbox"/> Norton Middle School |
|--|---|

VERIFICATION OF RESIDENCY

I UNDERSTAND THAT A STUDENT MUST RESIDE IN **NORTON** TO ATTEND THE **NORTON PUBLIC SCHOOLS**. AS THE ADULT WITH WHOM THIS STUDENT IS RESIDING AT THE ADDRESS SHOWN ABOVE, I HEREBY CERTIFY THAT I AM THE STUDENT'S

[Please Check Relationship Below]

- PARENT
 LEGAL GUARDIAN
 OTHER RELATION

_____ [PLEASE SPECIFY]

I AGREE TO NOTIFY SCHOOL AUTHORITIES OF ANY CHANGE OF ADDRESS WITHOUT DELAY.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY THIS --

_____ day of _____, _____
[Date] [Month] [Year]

PRINT NAME

SIGNATURE

TYPE OF RESIDENCY PROOF ACCEPTED

- PURCHASE AND SALES AGREEMENT
 UTILITY RECEIPT
 REAL ESTATE TAX BILL
 RENT RECEIPT
 OTHER DOCUMENTATION

_____ [Please Specify]

Date

School Staff Person Accepting Proof of Residency

- REFERRED TO ATTENDANCE OFFICER

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 _____	Last Name _____	Gender F <input type="checkbox"/> M <input type="checkbox"/>
Country of Birth _____	Date of Birth (mm/dd/yyyy) _____ / _____ / _____	Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____ / _____ / _____	
School Information			
Start Date in New School (mm/dd/yyyy) _____ / _____ /20 _____		Name of Former School and Town _____	Current Grade _____
Questions for Parents/Guardians			
What is the primary language used in the home, regardless of the language spoken by the student? _____	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 language did your child first understand and speak? _____	Which language do you use most with your child? _____		
How many years has the student been in U.S. Schools? (not including pre-kindergarten) _____	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always		
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____		
Parent/Guardian Signature: X _____	Today's Date: _____ / _____ /20 _____ (mm/dd/yyyy)		



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Dear Parent/Guardian,

As you prepare to register your child for the Little Lancers Preschool, please keep in mind that there are a few vital pieces of information needed in order to keep accurate health records for all students.

Information about the Commonwealth of Massachusetts vaccination mandates is on the reverse side of this notice. Please include an up to date vaccine list with a copy of your child's physical examination within the past 12 months signed by his/her medical provider. This paperwork is required for registration. If your child will have another exam prior to the start of the school year, please update the paperwork again before school starts. If there is a medical reason that your child will not receive all of the mandated vaccines, your child's doctor must document this for the school medical records.

With regard to medications, I will gladly administer any medications that your child's doctor deems necessary at school. With that in mind, I cannot legally administer any medications without a signed doctor's order. This includes both over the counter and prescription medications, both oral and topical. If your child will require medication administration at school, please contact me for the appropriate paperwork. Many doctors have their own forms which are also acceptable if they are signed by the prescriber. Depending on the medication and your child's diagnosis, there may be additional paperwork to be completed.

When your child comes to school in the fall, please remember that medications cannot travel to or from school with your child. They must be delivered by an adult directly to the nurse, and they must be in the original packaging with a prescription label. If your child needs to have an EpiPen at school, please provide a small bag with a handle, labeled with your child's name and photo if possible, which can be hung on the classroom doorknob. EpiPens travel with your child throughout the school, and training is conducted annually for staff.

If medication will expire before the end of the school year, I will contact you about getting a replacement. On the last day of school, an adult must come to school to retrieve any medications or it will be disposed of. New paperwork and a new supply of medication will be required at the beginning of each school year.

Thank you very much for your assistance. Please don't hesitate to call me if you have any questions or concerns.

Sincerely,

Margaret Brazeau Miller, RN, BSN
School Nurse for J.C. Solmonese Elementary School
Phone Contact: (508) 285-0127

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Mandated Vaccines for All Children Per Commonwealth of Massachusetts Mandates

By Two Years of Age	By Kindergarten	By 7th Grade
3 doses of Hep B	3 doses of Hep B	3 doses of Hep B
4 doses of DTap/DTP	5 doses of DTap/DTP	1 dose of Tdap
3 doses of Polio	4 doses of Polio	3 doses of Polio
4 doses of Hib	2 doses of MMR	2 doses of MMR
1 dose of MMR	2 doses of Varicella	2 doses of Varicella
1 dose of Varicella		

Also Required

Proof of Lead Screening for Preschool & Kindergarten
 Physician's Vision and Stereopsis Screening for Kindergarten

Please note that **DATES MUST BE PROVIDED FOR ALL IMMUNIZATIONS AND LEAD TESTING** on your child's health record.

For more information on vaccinating your child, contact your child's health care provider or the regional immunization office in your area:

Massachusetts Immunization Program

Main Number: (617) 983-6800

Or Toll Free (888) 658-2850

Southeast Region: (508) 977-3709

Or visit the Department of Public Health website at: www.mass.gov/dph/

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Has your child been evaluated by Early Intervention or by a medical professional in any of the above areas? If so, please explain: _____

❖ **EDUCATIONAL HISTORY**

Child's current or most recent school _____
Address _____ Phone Number _____
Teacher's Name _____

❖ **EMERGENCY CONTACTS**

Please list two names and phone numbers of friends or relatives that we can contact in case of emergency if parents cannot be reached.

	Name	Relation to Student	Phone Number
1)	_____	_____	_____
2)	_____	_____	_____

❖ **FAMILY INFORMATION**

Other Children at Home: _____ Check here if **NO SIBLINGS**: _____

	Name	Age	Gender	Grade & School
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

❖ **DEVELOPMENTAL AND SOCIAL HISTORY**

Has child experienced any of the following? (please check and date)

Parental Death _____ Date _____
Parental Separation _____ Date _____
Parental Divorce _____ Date _____

If separation or divorce, who has custody of child? _____

How often does other parent see child? _____

Have there been any other events that were particularly upsetting to your child that we should be aware of? (check any that apply)

Accidents Deaths Parental Death Separation
 Divorce Moves New Baby Fears

Other _____

Comments _____

Please note any other parental or home life circumstances/information that may be helpful for us to know:

❖ BIRTH HISTORY/CHILDHOOD DEVELOPMENT

Birth Weight ___ lbs. ___ oz. Length of Pregnancy _____ weeks

Labor was (please circle one): 0-3 hours 4-24 hours over 24 hours

Please check any of the following that applies to this child's birth:

Caesarean Premature Breech Child Rotated

Baby blue Baby yellow Baby bruised R.H. Negative

Transfused Cord around neck Twin (this child was ___ 1st ___ 2nd)

Other _____

Special Care

Oxygen (how long?) _____

Incubator (how long?) _____

Hospital Stay Length Child _____ Days Mother _____ Days

Please indicate your child's temperament as a baby. (check one or more that best fits your child)

Cuddly Overactive Over quiet

Irritable (cried a lot) "Good" baby Dislike being held

Colicky/Reflux

Please indicate when your child first achieved the following developmental milestones (answer as many as you can)

MOTOR DEVELOPMENT

___ months – Sit alone

___ months – Crawl

___ months – Stood alone (at least 1 minute)

___ months – Walked alone (at least 5 steps)

___ months – Ran

___ months – Jumped with two feet

___ months – Walked up stairs

___ months – Rode a tricycle

Other comments _____

FEEDING DEVELOPMENT

___ months – Began eating solids

___ months – Spoke first word

___ months – Began to put words together

Other Comments _____

LANGUAGE DEVELOPMENT

___ months – Began to babble

___ months – Spoke first word

___ months – Began to put words together

Other Comments _____

Please indicate your child’s current speech and language skills by circling yes or no to the following:

Does your child...

Need/respond to gestural or physical prompts to gain eye contact	yes	no
Need/respond to verbal prompts to gain eye contact	yes	no
Initiate eye contact	yes	no
Initiate and sustain eye contact	yes	no
Expressive language		
Primarily use gestures	yes	no
Make single sounds	yes	no
Use single words	yes	no
Use short phrases	yes	no
Use complete sentences	yes	no
Use sign language for communication	yes	no

If your child’s vocabulary is limited, please list words, phrases, and/or signs used:

Is your child’s speech difficult to understand by familiar adults?	yes	no
Is your child’s speech difficult to understand by others?	yes	no
Receptive language		
Understand simple commands only if accompanied by gestures	yes	no
Understand simple commands without assistance	yes	no
Understand parts of daily conversation	yes	no

Understands most of what is said to them

- has problems with complex words and sentences	yes	no
Understands adult conversation	yes	no
Does not start conversations	yes	no
Starts conversations by pointing or tugging	yes	no
Starts conversations by saying/signing one or two words	yes	no
Can carry on a short conversation using short phrases or sentences	yes	no
Can discuss many subjects	yes	no

❖ **DRESSING SKILLS**

Please circle what describes your child's skills at the current time in the following areas:

My child can:

Put on pants	Not at all	With assistance	On own
Pull over shirt	Not at all	With assistance	On own
Put their socks on	Not at all	With assistance	On own
Put their shoes on	Not at all	With assistance	On own
Do buttons	Not at all	With assistance	On own
Pull zipper	Not at all	With assistance	On own
Do snaps	Not at all	With assistance	On own

Has your child experienced any of the following difficulties during their first few years? If yes, please describe:

Excessive Crying	No	Yes	_____
Colic	No	Yes	_____
Failure to Thrive	No	Yes	_____
Feeding Problems	No	Yes	_____
Motor Skills Difficulty	No	Yes	_____
Sleep Problems	No	Yes	_____
Unclear Speech	No	Yes	_____
Weight Problems	No	Yes	_____
Temper Tantrums	No	Yes	_____
Difficulty Separating from Parents	No	Yes	_____
Other Comments	_____		

In a new situation, your child is:

___ Comfortable ___ Boisterous ___ Very Timid

Which hand does your child use for writing and drawing? (Please check):

Left Handed

Right Handed

Don't Know

Do you have any concerns regarding your child's walking/gait? (if so, please describe)

How would you describe your child's level of physical strength? (typical, poor, powerful for age, etc.)

❖ PHYSICAL COORDINATION

My child can (please check all that apply):

Kick a ball

Throw a ball

Catch a ball

Jump with two feet

Balance on one foot

Pedal a tricycle or bike

Use stairs holding on

Use stairs alone

Play simple games in a group

Do you have any concerns about your child's motor activity? (ex. balance, clumsy, wears braces, etc.)

On an average day how does your child move about? Check one:

Moves slowly

Average

Moves quickly

❖ VISUAL/MOTOR

My child can (please check all that apply):

Color

Paint

Work with clay/playdough

Cut with scissors

Paste

Do most arts and crafts

Trace simple lines

Draw lines

String beads

Draw recognizable pictures

Complete interlocking puzzles: up to how many pieces? _____

Attending Skills: (please fill in your estimated times for the following)

Plays with toys for _____ minutes/seconds

Stays in seat (for examples at the dinner table) for _____ minutes/seconds

Can wait their turn for _____ minutes/seconds

Does your child need reminders to attend? (circle one) yes no

Toileting Skills: (check all that apply)

- Not toilet trained
- Has few accidents if taken regularly
- Goes to bathroom on own, but occasional accidents
- Completely trained during the day
- Completely trained

How does your child indicate they need to use the bathroom?

❖ **HEALTH**

Was your child's hearing ever tested? (circle) yes no

If yes, location of testing _____

Results of testing _____

Regardless of hearing test results, do you have any concerns regarding your child's hearing?

Has your child experienced ear infections? (circle) yes no

If yes:

Infrequently (2-3 times per year)

Frequently (4 or more times per year)

Treated with pressure equalization tubes (draining tubes)

When were the tubes inserted? _____

Which ear(s): _____

Are tubes still in place? _____

If no, when were they removed? _____

Has your child experienced eye/vision problems? (circle) yes no

If yes:

Child wears glasses (circle) Nearsighted Farsighted

Child often misinterprets what they look at

Location where child's eyes professionally examined

Does your child have any other vision/eye diagnosis?

Regardless, do you have concerns regarding your child's vision? _____

Is there a history of seizures? (circle) yes no

If yes, please describe: (including frequency, type, and last seizure date)

List below any accidents, hospitalizations, operations, and/or major illnesses that your child has experienced and the dates of these occurrences:

Does your child have any allergies? (circle) yes no

If yes, please list type of allergy (please list ALL – food, as well as other)

❖ **FAMILY HISTORY**

Please describe any significant medical diseases/conditions, mental illness, etc. that may run in the family.

Is there a history of learning disability, speech delays, attention difficulties, or behavioral concerns with any other family members? (circle) yes no

If yes, please explain:

❖ **BEHAVIOR/TEMPERAMENT**

Please describe your child's everyday behavior, personality, and temperament (friendly, shy, cooperative, fearful, clingy, independent, stubborn, easy going). Specifically, address how child reacts to stress, discipline, and praise:

Behavioral Concerns: (please check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Hits other children | <input type="checkbox"/> Hits self | <input type="checkbox"/> Pulls own hair |
| <input type="checkbox"/> Throw objects inappropriately | <input type="checkbox"/> Runs away | <input type="checkbox"/> Cries often |
| <input type="checkbox"/> Eats foreign objects | <input type="checkbox"/> Lacks self-control | <input type="checkbox"/> Overly energetic |
| <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Fearful | <input type="checkbox"/> Bites others |
| <input type="checkbox"/> Doesn't follow directions | <input type="checkbox"/> Disinterested in others | |

Please describe any checks above, including frequency of behavior.

Please describe any additional emotional or behavioral concerns you may have regarding your child.

Please list any effective behavior techniques that work for you at home (e.g. time out, a "thinking chair", "1,2,3" etc.)

❖ PEER RELATIONSHIPS/FRIENDSHIPS

Please describe any problems your child may have relating to, or playing with, other children (e.g. fighting with playmates, difficulty making friends, preferring to play alone).

Play Skills: (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Shows little interest in toys/games | <input type="checkbox"/> Prefers to play alone |
| <input type="checkbox"/> Plays toys with self and only self | <input type="checkbox"/> Prefers to play or be with adults |
| <input type="checkbox"/> Sings and dances to music | <input type="checkbox"/> Plays group games appropriately |
| <input type="checkbox"/> Will join in with other children only if urged | <input type="checkbox"/> Initiates play with another child |
| <input type="checkbox"/> Plays cooperatively with children, but only if adult structures the play | |
| <input type="checkbox"/> Plays in the company of others, but does not play cooperatively at this time | |

❖ **GENERAL/PERSONAL INTERESTS**

Please list your child's:

Pets _____

Favorite toys _____

Hobbies/Skills _____

Special Interests _____

What do you enjoy most about your child?

Is there any additional information we should know about your child or family?

Name of person completing this questionnaire _____

Relationship to child _____

Date of completion _____



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Dear Parent/Guardian,

The Massachusetts Department of Early Education and Care (EEC) and The Little Lancers Preschool would like to invite you to engage in developmental screening with your child using the Ages and Stages Questionnaire (ASQ). Developmental screening provides families the opportunity to share and learn about their child's development, to celebrate their growth, and to address any questions or concerns they may have about what "typical" development looks like.

The ASQ is designed to be filled out by families. It is user-friendly, and should only take about 10 minutes to complete. It can be filled out on paper or online. Your child's early education and care program can also do it with you in person, and provide you with the results.

The Consent Form below requests your permission to do developmental screening with your child, and to enter your child's screening data into an online database. Using that data, your child's early education and care program can look at your child's development, and can connect you with community resources to support your child, if needed. The Consent Form also requests your permission to share the data with EEC. The combined data from developmental screening across the Commonwealth helps inform the ways EEC supports educators and families to respond to children's needs through training and resources. Please note that EEC will combine the data of many children and will not be able to identify specific individual children. Screening data will be confidential to ensure your privacy. If you do not wish to have information entered online and shared with EEC, you may decline this option and your child may still be screened using the ASQ paper questionnaire.

If you choose to participate in any of these developmental screening activities, please complete the Consent Form below. Thank you! If you have any questions or concerns about this process, please contact Ann Marie Baker via phone at 508-285-0120 or by email at abaker@norton.k12.ma.us.

Sincerely,

Ann Marie Baker, M.Ed., BCBA
Early Childhood Coordinator for Little Lancers Preschool
Assistant Principal at Joseph C. Solmonese Elementary School

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ASQ Online Family Consent Form

1. Agreement for Your Child’s Program to Do Developmental Screening (Please check only ONE box in this section)

- By checking this box, I acknowledge that I have read the information provided about the ASQ screening tool, and **I agree to have my child screened** to learn more about their developmental progress. (If you checked this box, please continue to Questions 2 and 3.)
- By checking this box, I acknowledge that I have read the information about the ASQ screening tool, but **I decline to have my child screened** with the ASQ. (If you checked this box, you do not need to complete Questions 2 and 3.)

2. Agreement to Add Your Child’s Screening Data to ASQ Online (Please check only ONE box in this section)

- By checking this box, **I agree to have my child's screening information entered into the ASQ online database** so that my child’s early education program may use the data to better meet the needs of my child, and provide me with the information and resources to support my child’s learning. (If you checked this box, please continue to Question 3.)
- By checking this box, **I decline to have my child's screening information entered into the ASQ online database.** (If you checked this box, you do not need to complete Question 3.)

3. Agreement to Share Your Child’s Screening Data with EEC (Please check only ONE box in this section)

- By checking this box, I acknowledge that EEC will look at overall numbers of all children, and not at my child’s name or other personally identifiable information, **and I agree to have my child’s screening data (including previous screening data) included with data shared** with EEC. I acknowledge that screening data will be confidential to ensure my privacy.
- By checking this box, I acknowledge that I have read the information about the use of ASQ screening data, **but I decline to share my child’s screening data** with EEC.

 Name of Child

 Date

 Name of Parent or Guardian

 Signature of Parent or Guardian

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Photo and Video Release

Dear Parents/Guardians:

Throughout the year, children at the J.C. Solmonese Elementary School may participate in special occasions or projects either within their classrooms or school-wide. This often brings the Norton Cable Station and local newspapers into the school to report on the news worthy events. The children become very excited at the prospect of appearing in the local newspaper or on the school's social media accounts.

By granting general permission, in advance, you are simply allowing for your child to be photographed or videotaped by the school staff, the principal, the local newspaper, or local cable station throughout the year. If for any reason you do not wish for your child to be photographed or videotaped, please indicate below.

Student's Name: _____

Teacher's Name: _____

Parent Signature: _____

_____ My child may be photographed and/or videotaped.

_____ My child MAY NOT be photographed and/or videotaped.

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Dear Parent/Guardian,

This notice explains the tuition payment process for preschool. If you have elected to pay your child's preschool tuition in ten monthly installments instead of one lump sum, payments are due on the first Friday of every month. Enrollment deposits are paid at application and are applied to September's tuition payment. If you have specific questions about your child's monthly tuition rate, please contact Mrs. Ann Marie Baker via phone (508)-285-0120 or by email at abaker@norton.k12.ma.us.

There are two options for families making preschool tuition payments. Families can pay online, or with a check/money order by mail or in person.

Directions for Payment by Check or Money Order: Tuition checks/money orders should be made out to **Norton Public Schools Early Childhood** mailed to the **Superintendent's Office, 64 West Main Street, Norton, MA 02766**. You can also hand-deliver payments to the **Superintendent's Office** weekdays from 8:00am to 4:00pm.

Directions for Online Payment: If you would like to make payments online, please go to the Norton Public Schools website (www.norton.k12.ma.us) and click the tab for QUICKLINKS. Next, select ONLINE FEE PAYMENTS which brings you to the district's UNIPAY Website and the link for Little Lancers tuition payment. MasterCard, Discover, and electronic checks are accepted for payment through UNIPAY.

Unfortunately, we are not able to accept tuition payments at the school at this time.

We appreciate your cooperation with our tuition payment process. If you have any questions or concerns about preschool tuition payments, please contact Mrs. Ann Marie Baker via phone at 508-285-0120 or by email at abaker@norton.k12.ma.us.

Sincerely,

Ann Marie Baker, M.Ed., BCBA
Early Childhood Coordinator for Little Lancers Preschool
Assistant Principal at Joseph C. Solmonese Elementary School

Our Mission: Promote individual talents and maximize each student's potential.

It is the policy of Norton Public Schools to provide a learning environment free from discrimination or harassment. All students, regardless of race, color, sex, religion, national origin, limited English proficiency, sexual orientation, gender identity, disability, or housing status, have equal access to all programs including athletics and other extracurricular activities.



Little Lancers Preschool

at J.C. Solmonese Elementary School

NORTON

PUBLIC SCHOOLS

Ann Marie Baker, Early Childhood Coordinator & Assistant Principal
Riitta Bolton, Principal

315 West Main St. (508) 285-0120
Norton, MA (508) 285-0130 (f)
02766 norton.k12.ma.us

2020-2021 Little Lancers Preschool Options

Age (on 8/31/19)	Program	Time	Current Tuition per month
3 & 4 year olds	3 half days AM	8:30-11:00 (2.5 hours)	\$262.50 (\$2,625.00 per year)
3 & 4 year olds	3 half days PM	12:00-2:30 (2.5 hours)	\$262.50 (\$2,625.00 per year)
3 & 4 year olds	4 half days AM	8:30-11:00 (2.5 hours)	\$315.00 (\$3,150 per year)
3 & 4 year olds	4 half days PM	12:00-2:30 (2.5 hours)	\$315.00 (\$3,150.00 per year)
4 year olds	3 full days	8:30-2:30 (6 hours)	\$441.00 (\$4,410.00 per year)
4 year olds	4 full days	8:30-2:30 (6 hours)	\$472.50 (\$4,725.00 per year)

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Student's Name

Date of Birth

Request Date

[Last]

[First]

[Middle]

I HEREBY AUTHORIZE -

[Name of Agency]

[Name of Service Provider]]

[Street Address]

[City]

[State]

[ZIP]

[Telephone]

[Fax Number]

AND THE INDIVIDUAL INDICATED FROM THE SCHOOL CHECKED BELOW -

L. G. NOURSE ELEMENTARY SCHOOL

[Name of School Personnel]
38 Plain Street
Norton, MA 02766
Phone [508] 285 - 0110
Fax [508] 285 - 0109

H. A. YELLE ELEMENTARY SCHOOL

[Name of School Personnel]
64 West Main Street
Norton, MA 02766
Phone [508] 285 - 0190
Fax [508] 285 - 0187

J. C. SOLMONESE ELEMENTARY SCHOOL

[Name of School Personnel]
315 West Main Street
Norton, MA 02766
Phone [508] 285 - 0120
Fax [508] 285 - 0130

NORTON MIDDLE SCHOOL

[Name of School Personnel]
215 West Main Street
Norton, MA 02766
Phone [508] 285 - 0140
Guidance [508] 285 - 0144
Fax [508] 286 - 9457

NORTON HIGH SCHOOL

[Name of School Personnel]
66 West Main Street
Norton, MA 02766
Phone [508] 285 - 0160
Guidance [508] 285 - 0164
Fax [508] 286 - 2669

TO RELEASE / OBTAIN THE FOLLOWING RECORDS OF THE ABOVE-LISTED STUDENT

- | | |
|---|---|
| <input type="checkbox"/> Educational Records | <input type="checkbox"/> Treatment Plans |
| <input type="checkbox"/> Standardized Test Scores | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Assessments | <input type="checkbox"/> Medication Records |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Other (Please specify) _____ |

TO COMMUNICATE VERBALLY REGARDING THE ABOVE-LISTED STUDENT

I UNDERSTAND THAT THE RECORDS ARE CONFIDENTIAL AND CANNOT BE DISCLOSED WITHOUT MY WRITTEN CONSENT. I ALSO UNDERSTAND THAT I MAY REVOKE THIS REQUEST AT ANY TIME PRIOR TO THE RELEASE OF INFORMATION. [This authorization will expire one year from the above-listed request date unless specified otherwise.]

Signature of Parent/Guardian [Required if student is a minor] - _____	Date _____
Signature of Witness - _____	Date _____

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Dear Preschool Families,

Our district is currently in the process of gathering **CHILD OUTCOME SUMMARY (COS)** data. This is a requirement for all federally funded preschool programs. Part of this process includes collecting ENTRY and EXIT data from a child's family to determine the next steps in program planning. We are beginning to collect ENTRY data at this time.

Please read the descriptions in the three outcome areas on the following page, and consider your child's development at this point in time by assigning them a rating from 1 to 7 for each outcome. If you are not comfortable with assigning your child a rating on any of the three outcome areas, let your child's teacher know. Please complete and return this form as soon as possible. Thank you, in advance, for helping our program meet this federal requirement.

Sincerely,

Ann Marie Baker, M.Ed., BCBA
Early Childhood Coordinator for Little Lancers Preschool
Assistant Principal at Joseph C. Solmonese Elementary School

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Child Outcome Summary

Child's Name: _____

Person completing form: _____

Child's first day of Preschool (if not the first day of school): _____

COS 1. POSITIVE SOCIAL-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)

- relating to adults
- relating to other children
- following rules related to groups or interacting with others

To what extent, does your child show age-appropriate functioning, across a variety of settings and situations on this outcome? Please circle/rate on a scale of 1 to 7.

	Not Yet	Emerging	Somewhat	Completely			
	1	2	3	4	5	6	7

COS 2. ACQUIRING AND USING KNOWLEDGE AND SKILLS

- Thinking, reasoning, remembering, and problem solving
- Understanding symbols
- Understanding the physical and social worlds

To what extent, does your child show age-appropriate functioning, across a variety of settings and situations on this outcome? Please circle/rate on a scale of 1 to 7.

	Not Yet	Emerging	Somewhat	Completely			
	1	2	3	4	5	6	7

COS 3. TAKING APPROPRIATE ACTION TO MEET NEEDS

- Taking care of basic needs (eg: hunger, dressing, feeding, toileting, etc.)
- Contributing to own health and safety (eg: follows rules, assists with hand washing, avoids inedible objects)
- Getting from place to place (mobility) and using tools (eg: forks, paintbrush)

To what extent, does your child show age-appropriate functioning, across a variety of settings and situations on this outcome? Please circle/rate on a scale of 1 to 7.

	Not Yet	Emerging	Somewhat	Completely			
	1	2	3	4	5	6	7

Special Education Transportation

2020-2021 EMERGENCY INFORMATION FOR TRANSPORTERS

CHILD'S NAME: _____ D.O.B.: _____

STREET ADDRESS: _____

P.O. BOX (if applicable): _____

PARENTS' NAMES: _____

HOME TELEPHONE NUMBER: _____

MOTHER'S WORK TELEPHONE NUMBER: _____ CELL: _____

FATHER'S WORK TELEPHONE NUMBER: _____ CELL: _____

If the home address is different from the pick-up or drop-off address, both addresses must be listed.

Pick-up/Drop-off - Only if different from home address: _____

Contact's Name: _____ Telephone: _____

EMERGENCY CONTACT PERSONS: LIST TWO (2) NAMES WITH ADDRESSES AND PHONE NUMBERS

(PLEASE INCLUDE A NEIGHBOR AS ONE CONTACT)

1. _____

2. _____

CHILD'S DIAGNOSIS: If not in violation of confidentiality, please include any condition(s) that may impact student's safety during transportation (seizures, medications, allergies, motion sickness, behavior, etc.) **AND** recommended procedures for driver to follow. **(PLEASE USE OTHER SIDE IF NECESSARY.)**

OTHER COMMENTS:

PARENT SIGNATURE: _____

DATE: _____

SCHOOL NAME: _____

GRADE: _____