

NORTHAMPTON PUBLIC SCHOOLS

Early Childhood Center
40 Main Street, Suite 206
Florence, MA 01062

Questions about preschool? Email us at:
earlychildhood@northampton-k12.us

**PRESCHOOL
APPLICATION**

Please check:
 Mid-Year Entry
 Fall Entry

| Office use Only | | |
|--------------------|-----|-------|
| PK School: | BSS | LEEDS |
| Date Received | | |
| Age as of 9/1/____ | | |
| Screening Appt | | |
| Intake | | |
| K school | | |

| Preschool Program Lottery Options | |
|---|--|
| <u>4-Day Half School Day Program M-Th</u> AM 8:10-10:40 / PM 11:30-2:00 3 & 4 yr olds; 2.5 hours/day | <u>4-Day Full School Day Program M-Th</u> Mon-Thurs 8:10-2:00 <u>only</u> 4 yr olds; 6 hours/day |
| <u>We prefer:</u> ____ 4 half days ____ 4 school days | <u>Also good:</u> ____ 4 half days ____ 4 school days |

Child's Information:

Child's full name: _____

Date of Birth: _____ Gender: Male Female

Street Address: _____

Mailing (if different) _____

Parent(s) Information:

Parent/Guardian #1: _____

Phone: _____ Email: _____

Parent/Guardian #2: _____

Phone: _____ Email: _____

Address if different from student: _____

Information about your family:

How many people live in your household? _____

How many children do you have? _____ What grade(s) and school(s) do they attend?

Is your preschool child currently attending a childcare or preschool program?

YES NO Program Name: _____

YES NO Did a physician or social worker recommend that you apply for preschool?

YES NO Do you speak a language other than English in your home? *Language:* _____

YES NO Do you have any concerns about your child's development?

*(*All preschool students participate in social/emotional/developmental screenings.)*

What else would you like us to know about your child? _____

Tuition & Income Information:

Please contact us if you need help with the forms and documents - we are happy to help!

1. **The NPS Preschool Program is a fee-based program.** There are multiple ways to reduce the fee your family pays. Our sliding scale is based on family size and income. For your family to qualify for a reduced rate, you must provide the necessary income documentation with your application. No fee is charged for the special education services provided in a child’s IEP. **Preschool Fees are under review for 2024-25.**
2. **A Preschool Fee Deposit in the amount of one month’s tuition** is due at the time of Registration and will be applied to your first bill. The deposit is non-refundable if the child does not attend our program.

- I agree to pay full tuition:** \$80/week for 4-day half day/ \$192/week for 4-day full day day (*minus any hours provided on an active IEP grid*).
- I would like to be considered for free or reduced tuition** (check only one):
- a. **No Fee: I attach a qualification letter** for a public assistance program:
 - Food Stamps/SNAP/WIC Fuel Assistance Free/Reduced School Lunch
 - Subsidized Housing Transitional Aid to Needy Families (TANF/TAFDC)
 - b. **Reduced Fee: I attach 4 weeks of income** for each parent in the home for review
- My child is on an IEP, and the hours provided for on the IEP will be free.**
I will pay for the remaining hours of preschool, according to my family size and income.

| Northampton Public Schools | | | | | | | |
|--|------------------|------------------|------------------|------------------|------------------|--------------------------|-----------------------------|
| Preschool Family Sliding Fee Chart for 2023-2024 (FY24)* | | | | | | | |
| Based on \$8/hr for full fee | | | | | | | |
| * NOTE: Chart is being updated for FY25. | | | | | | | |
| Gross Monthly Income (<i>not net income</i>) | | | | | | Parent Co-Payment Fees | |
| | Family of Two | Family of Three | Family of Four | Family of Five | Family of Six | 1/2 day 4 days weekly | School day 4 days weekly |
| no fee | 0-\$2,823 | 0-\$3,551 | 0-\$4,279 | 0-\$5,006 | 0-\$5,734 | \$0.00 | \$0.00 |
| level 1 | 2824-3500 | 3552-3900 | 4280 - 4500 | 5007-5300 | 5735-6000 | \$16.00 | \$38.40 |
| level 2 | 3501-4000 | 3901-4400 | 4501-5100 | 5301-5800 | 6001-6500 | \$22.50 | \$54.00 |
| level 3 | 4001-4600 | 4401-5000 | 5101-5700 | 5801-6400 | 6501-7100 | \$32.50 | \$78.00 |
| level 4 | 4601-5100 | 5001-5600 | 5701-6300 | 6401-7000 | 7100-7700 | \$45.00 | \$108.00 |
| level 5 | 5101-5800 | 5601-6300 | 6301-7000 | 7001-7700 | 7701-8300 | \$55.00 | \$132.00 |
| level 6 | 5801-6600 | 6301-7000 | 7001-7800 | 7701-8600 | 8301-9200 | \$70.00 | \$168.00 |
| full fee | \$6,601 + | \$7,001 + | \$7,801 + | \$8,601 + | \$9,201 + | \$80.00 | \$192.00 |

Signature of Parent/Guardian: _____

Today’s Date: _____

The Northampton Public Schools are committed to ensuring that no student is denied access to any educational program or other activity of the Northampton Public Schools for reason of race, color, national origin, religion, creed, age, handicap, gender, gender identification or sexual orientation.

Questions? We can be reached at earlychildhood@northampton-k12.us

Northampton Public Schools

Office of Student Services

<http://www.northamptonschools.org/project/student-services/>

Josh Dickson, M.Ed.
Director of Student Services

Celeste Malvezzi, M.Ed., CAGS
Associate Director of Student Services

CONSENT FOR SCREENING

I hereby give permission for my child _____ to participate in a developmental screening provided by the Northampton Public Schools. In addition, I give permission for the Northampton Public Schools to share information with my child's preschool program.

Parent Signature: _____ Date: _____

Child's Name: _____ Date of Birth: _____

Parent's Name: _____

Address: _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

E-Mail Address: _____

Sibling(s)/School attend: _____

Preschool child attends: _____ Phone # _____

Teacher's name: _____

Days/Time child attends: M _____, Tu _____, W _____, Th _____, F _____

Speech and Language Concerns: _____

Behavioral Concerns: _____

Medical Concerns: _____

Other Concerns: _____

Pediatrician: _____ Phone # _____

Allergies: _____

Has your child had his/her vision checked? When? _____ Where? _____ Results _____

Has your child had his/her hearing checked? When? _____ Where? _____ Results _____

Does your child have a history of ear infections? _____

Are there other things you would like to tell us about your child? _____

Has your child been previously screened or evaluated? When? _____ Where? _____ Results _____