

**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**

**4-Day Half School Day Program M-Th**

AM 8:10-10:40 / PM 11:30-2:00

3 & 4 yr olds; 2.5 hours/day

**4-Day Full School Day Program M-Th**

Mon-Thurs 8:10-2:00

only 4 yr olds; 6 hours/day

**What is your 1st Choice?**

1/2 day M-Th

4 school day M-Th

**What is your 2<sup>nd</sup> Choice?**

1/2 day M-Th

4 school day M-Th

**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? \_\_\_\_\_

**General 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.
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.

**Our Tuition & Income Information:**

- 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 believe my family qualifies for free or reduced tuition (check only one):
- a.  **No Fee:** Please attach your 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.  **Sliding Scale:** Please attach 4 weeks of income for all working parents in the family.  
Ex: 4 weeks of most recent paystubs; if self-employed, latest IRS Tax Schedule C.
- My child has an IEP with the Northampton Public Schools. Please reduce our fee by the amount of time specified in the IEP. Ex: 30 mins of speech therapy 2x week reduces the fee by 1 hour/week.

**Northampton Public Schools  
Preschool Family Sliding Fee Chart for FY24\***

*Based on \$8/hr for full fee*

*\*5-day full day fees are not listed because the program is not confirmed for 2023-24*

	Gross Monthly Income (not net income)					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](mailto:earlychildhood@northampton-k12.us).**



# Northampton Public Schools

## Office of Student Services

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

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

**Josh Dickson, M.Ed.**  
*Director of Student Services*

**Marianne Lockwood, M.M., M.Ed.**  
*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? \_\_\_\_\_