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| NORTHAMPTON PUBLIC SCHOOLS |  | Office use Only | |
| Early Childhood Center | **PRESCHOOL APPLICATION** | School/Age: |  |
| 212 Main Street, Room 102 |  | Date Received: |  |
| Northampton, MA 01060 | 2020-2021 SCHOOL YEAR | Full Day Only: |  |
| (413) 587-1471 FAX (413) 587-1318 |  | Accepted/Waitlisted: |  |
| Email: efrank@northampton-k12.us |  | Confirmed: |  |
| Registrar: Jennifer Towler 587-1328 |  | Registered: |  |

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| **Preschool Program Information** | | |
| AM Session  8:50 am – 11:20 am | PM Session  12:20 pm – 2:50 pm | Full Day Option **(4-year olds ONLY)**  8:50 am – 2:50 pm |

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| Child’s Information: | | | | | | | | | | | | | | | | | |
| Child’s full name**:** | | | | |  | | | | | | | | | | | | |
| Date of Birth: | | |  | | | | | | | |  |  | Gender: | | Male  Female | | | | |
| Street Address: | | | |  | | | | | | | | | | | | | |
| Mailing (if different) | | | | | |  | | | | | | | | | | | |
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|  | | YES  NOAre you interested in the Lottery for the Full-Day 4-year old program?  YES  NO Will you accept a half-day slot if the Full-Day program is full? | | | | | | | | | | | | | | |  |
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| Parent/Guardian Information: | | | | | | | | | | | | | | | | | |
| Parent/Guardian #1: | | | | | | | |  | | | | | | | |  | |
|  | Phone: | | | | | |  | | | Email: | | | |  | | | | |
| Parent/Guardian #2: | | | | | | | |  | | | | | | | |  | |
|  | | Phone: | | | | |  | | | Email: | | | |  | | | | |
| Address if different from student: | | | | | | | | |  | | | | | | | | |

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| 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? | | | | |
| YES  NO | | Are you an immigrant or refugee (within past 10 years)? | | | | |
| 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? | | | | |  | | |
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| Tuition & Income Information: | |
| **Please call us if you need help with the forms and documents – we are happy to help!**   * Tuition fees are paid for typically developing children. Children with special needs are free. * Fees are based on family size and income (see monthly income chart below) * Fees range from $0-$60 per week for the half-day program and $0-$120 per week for the full-day program. * REDUCED FEE: If your family’s monthly gross income falls into a category that is less than the full fee amount, please check the boxes below and submit pay stubs if necessary * DOCUMENTATION: a) if you qualify for public assistance, check the box(es); b) if not, paystubs for each working parent/guardian must be attached to this form or submitted via email * PROCESS: Once we receive your documents, we will determine your fee which will be shown in the acceptance letter that will be mailed to you. * A 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. | |
| Tuition Options: |

I agree to pay the **full tuition** equal to $60 week or $120 week (full day)

I would like to be considered for free or reduced tuition **(CHECK ONLY ONE):**

a. \_\_\_ *Direct Certification*: My family already income-qualifies for a public assistance program:

Food Stamps/SNAP/WIC  Fuel Assistance  Free/Reduced School Lunch

Subsidized Housing  Transitional Aid to Needy Families (TANF/TAFDC)

**OR**

b. \_\_\_ *Reduced Fee*: I attach 4 weeks of paystubs for each working parent in the home.

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| **Sliding Fee Scale for Preschool Tuition based on Family Size and Income**  **GROSS MONTHLY INCOME** | | | | | | |
|  | | | | | **Weekly Fee** | **Weekly Fee** |
| **Family of 2** | **Family of 3** | **Family of 4** | **Family of 5** | **Family of 6** | **HALF-DAY** | **FULL-DAY** |
| $0-1540 | $0-1675 | $0-1900 | $0-2150 | $0-2500 | $0 | $0 |
| $1541-1725 | $1676-1850 | $1901-2175 | $2151-2435 | $2501-2800 | $7 | $14 |
| $1726-1986 | $1851-2414 | $2176-2874 | $2436-3333 | $2801-3793 | $8 | $16 |
| $1987-2286 | $2415-2676 | $2875-3340 | $334-3800 | $3794-4000 | $12 | $24 |
| $2287-2573 | $2677-3076 | $3341-3760 | $3801-4363 | $4001-4500 | $15 | $30 |
| $2574-2860 | $3077-3477 | $3761-4180 | $4364-4851 | $4501-5444 | $18 | $36 |
| $2861-3132 | $3478-3869 | $4181-4606 | $4852-5342 | $5445-6079 | $21 | $42 |
| $3133-3410 | $3870-4210 | $4607-5012 | $5343-5812 | $6080-6615 | $25 | $50 |
| $3411-3685 | $4211-4551 | $5013-5418 | $5813-6285 | $6616-7153 | $28 | $56 |
| $3686-4200 | $4552-5252 | $5419-6253 | $6286-7253 | $7154-8254 | $35 | $70 |
| $4201-4820 | $5253-5952 | $6253-7086 | $7253-8221 | $8255-9354 | $42 | $84 |
| $4821 & up | $5953 & up | $7087 & up | $8221 & up | $9355 & up | $60 | $120 |

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| Signature of Parent/  Guardian: |  |
| Today’s Date: |  |

*The Northampton Public Schools are committed to insuring 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.*

Please contact the Early Childhood Center if you have any questions about our program or if you need assistance completing this form. We can be reached at (413) 587-1471 or efrank@northampton-k12.us