

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**

**2022-2023
SCHOOL YEAR**

Deadline: Feb. 28, 2022

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

**** 5-day full school day program is not confirmed for 2022-2023***

Circle 1st Choice: 4 ½ day / 4 school day

Circle 2nd Choice 4 ½ day / 4 school day

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!

Tuition fees are paid for typically developing children. You will get an invoice at the start of the school year. Children with special needs are free and enter the preschool via the IEP evaluation process.

1. **Fees are based on family size and income** (see the chart below)
 - ❖ **Reduced Fee:** If your family’s monthly income falls into a category that is less than the full fee amount, please check the boxes below and submit income documentation if necessary
 - ❖ **Income Documentation:** Latest month of income for all working adults in the home: 4 weeks of paystubs, etc. If you are self-employed, your latest federal Income Tax Schedule C.
 - ❖ **Process:** Once we receive your documents, we fill out a worksheet that determines your fee and send it to you for your agreement. Families paying fees are sent an invoice at the start of the school year.
2. **Sliding Scale:** Currently, weekly fees range as follows: 4-day half-day is 0-\$70; 4-day full day is 0-\$168; 5-day program is not confirmed. Fees were revised for 2022-2023 by the Northampton School Committee.
3. **A Preschool 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: \$70/week for 4-day half day/ \$168/week for 4-day full day

I would like to be considered for free or reduced tuition (check only one):

a. ___ **No Fee:** 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)

b. ___ **Reduced Fee:** I attach 4 weeks of income for each parent in the home for review.

**Northampton Public Schools
Preschool Family Fees Chart for FY23***

Based on \$7/hr for FY23 @ actual hours/day

***5-day full day fees are not listed because the program is not confirmed for 2022-23**

	Gross Monthly Income					Parent Co-Payment Fees	
	Family of Two	Family of Three	Family of Four	Family of Five	Family of Six	1/2 day 4 day weekly	4 day full day weekly
no fee	0-2658	0-3349	0-4039	0-4730	0-5420	\$0.00	\$0.00
level 1	2659-3100	3350-3600	4040-4300	4731-5000	5421-5700	\$15.00	\$36.00
level 2	3101-3500	3701-4200	4301-4900	5101-5600	5701-6200	\$20.00	\$48.00
level 3	3501-3900	4201-4800	4901-5500	5601-6200	6201-6800	\$30.00	\$72.00
level 4	3901-4400	4801-5400	5501-6100	6201-6800	6801-7400	\$40.00	\$96.00
level 5	4401-5000	5401-6100	6101-6800	6801-7500	7401-8000	\$50.00	\$120.00
level 6	5001-5900	6101-6800	6801-7600	7501-8400	8001-8900	\$60.00	\$144.00
full fee	\$5901 +	\$6801 +	\$7601 +	\$8401 +	\$8901 +	\$70.00	\$168.00

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/>

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

Pamela Plumer, Ph.D.
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? _____