

NORTHAMPTON PUBLIC
SCHOOLS

Early Childhood Center
212 Main Street, Room 102
Northampton, MA 01060

(413) 587-1471 FAX (413) 587-1318
Email: efrank@northampton-k12.us
Registrar: Jennifer Towler 587-1328

PRESCHOOL APPLICATION

2019-2020 SCHOOL YEAR

Office use Only

School/Age: _____
Date Received: _____
Full Day Only: _____
Accepted/Waitlisted: _____
Confirmed: _____
Registered: _____

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) _____

YES NO Are 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?

Parent/Guardian 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? _____
 YES NO Are you an immigrant or refugee (within past 10 years)? _____

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

Do you have any concerns about your child's development? _____

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. Full fee is \$60/week for Mon-Thurs half-day, and \$120/week for Mon-Thurs full day.
 - 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.

Sliding Fee Scale for Preschool Tuition based on Family Size and Income						
GROSS MONTHLY INCOME						
Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	Weekly Fee HALF-DAY	Weekly Fee 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

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