



**ABINGTON PUBLIC SCHOOLS
ABINGTON EARLY EDUCATION PROGRAM
201 GLINIEWICZ WAY, ABINGTON, MA 02351**



Dear Families:

Enclosed is the registration packet for the Abington Early Education Program. Students are eligible to attend if they are 3 years old by August 31st of the enrollment year. Please return the completed packet, including required supporting documentation and deposit check as soon as possible. Enrollment priority will be given in order of completed packet and deposit being returned. Late enrollments may be considered based on availability.

The following materials must be included in your completed registration packet:

1. Health History, Student Emergency Information Form, Home Language Survey, Developmental History Forms, and Abington Public Schools Registration Form (*enrollment packet)
2. Proof of Residency (see list below)
3. Birth Certificate (bring a copy of birth certificate to leave in child's folder)
4. Report of Physical Examination within the past 14 months
5. Report of Lead Testing
6. Certificates of Immunization (all of the following must be documented):
 - DTaP: 4 or more doses
 - Mumps, Measles, Rubella Vaccine: 1 dose
 - Polio Vaccine: 3 or more doses Hepatitis B: 3 doses
 - Varicella: 1 dose or Physician's documentation of disease
 - Hib: 1 to 4 doses

Immunization records for the above are required by State Law before a child is allowed to enter school. These requirements shall not apply (1) upon presentation of written documentation that the child meets the standards for medical or religious exemption set forth in Mass General Laws or (2) in the case of measles, mumps, or rubella upon presentation of laboratory evidence of immunity, which can be obtained from your physician. Your child will not be allowed to begin school without proof of immunization or an explanation on file with us. All requirements must be completed prior to your child entering school in September.

Screenings for new students will take place in May. You will be given a screening appointment at drop in registration. The results of the screening will be mailed to you in June.

Parents sometimes question whether or not their child is ready to begin school. They may be concerned about maturity, language issues, or other factors. If you would like to speak with someone about your child's school readiness, please notify us at registration. If you have any questions, please contact AEEP's Administrative Assistant Michelle Hart at 781-982-2195 or michellehart@abingtonps.org.

Yours truly,
Abington Early Education Program Staff

- ☐ Proof of Residency (one example from EACH category)
 - Evidence of Residency (provide one (1) of the following):
 - Record of recent mortgage payments and/or property tax bill
 - Fully signed and executed Lease and/or Rental Agreement
 - Landlord/Owner of Property Affidavit
 - Fully signed and executed Purchase and Sale (P&S) Agreement (occupancy dates must occur within 30 days of student enrollment)
 - Section 8 Agreement
 - AND**
 - Evidence of Occupancy (provide one (1) of the following):
 - Gas/Oil Bill, Electric Bill, Home (not cell) Telephone Bill, Cable/Internet Provider Bill, Water Bill (note: bill must be dated within the past 45 days and include both your name and address)
 - Recent bill dated within the past 45 days showing both your name and address (note: a Residency Statement/Affidavit is required with this option)
 - Occupancy Statement/Affidavit must be notarized if a bill cannot be provided prior to student's enrollment.

Abington Public Schools

Student Registration



Do You Need to Register your child for school?

Grades 1 -12:

Please contact the Office of Student Services at

781-982-2175

Abington Public Schools

1071 Washington St.

Abington MA 02351

Early Education Program/Pre-Kindergarten – Please contact the **AEEP** at **781-982-2195**

Kindergarten Program – Please contact **Beaver Brook Elementary School** at **781-982-2185**

Paper copies of the enrollment packet to be completed can be picked up at any of our schools or print one out from our website at **<https://www.abingtonps.org>**.

Registration paperwork can be dropped off with your information at the Student Services Office.

ALL KINDERGARTEN PARENTS/GUARDIANS MUST call **Beaver Brook Elementary School** at **781-982-2185** to schedule a screening appointment.

The Abington Public School District guarantees all students regardless of race, gender, sexual orientation, color, religion, national origin or disability, equal and unbiased treatment in and access to, all aspects of public school education. This policy of nondiscrimination extends to and includes admission to programs and activities in accordance with Title IX of the Educational Amendments of 1972, Chapter 622 of the Acts of 1971, Chapter 766 of the Acts of 1972 and Section 504.

Abington Public Schools

Student Registration Grades 1-12

We would like to welcome you to our school district. In order to help you enroll your child as quickly as possible, we have developed the following list of information you will need to provide to us **prior** to your child being officially enrolled.

For registration forms and information, please visit our website at www.abingtonps.org.

Please see the helpful checklist on page 2 for required registration documents.

No student shall be enrolled without a completed registration packet.

ABINGTON PUBLIC SCHOOL DISTRICT

REGISTRATION PROCESS

We recommend you check the boxes below after you have completed each step.

NO REGISTRATIONS WILL BE PROCESSED UNTIL ALL OF THE FOLLOWING MATERIALS HAVE BEEN RECEIVED.

1. ☐ **Official Birth Certificate**
2. ☐ **Proof of Residence** – see form on next page for required documentation
3. ☐ **Current physical examination and immunization history (including a lead test and record of vision screening completed by your child's physician).** If your child's immunizations are not up to date, please contact your child's doctor immediately for an appointment. Prior to attending school, student will need proof of immunizations and current physical.
4. ☐ **Complete the enclosed forms listed below:**
 - a. ☐ Form #1 School Record and Discipline Form
 - b. ☐ Form #2 Registration Form (3 pages)
 - c. ☐ Form #3 Student Emergency Information
 - d. ☐ Form #4 Student Health Update (2 pages)
 - e. ☐ Form #5 Home Language Survey
 - f. ☐ Form #6 Race/Ethnicity

Please note – if parent/guardian and the student are residing with a family member and do not own or rent the residence where they are living, you must provide the following:

- **Notarized Verification of Student Residency Form** from head of household stating that child and parents/guardians are residing at stated address. (Local police departments and school security will make periodic checks to ensure student is living at declared address).
- **Mass. Driver's License/Mass ID** for the head of that household with current address as well as **Mass Driver's License/Mass ID for Parents/Guardians**
- **Proof of Residency** as stated in #2 above.

Registrations may require additional documents be provided.

Abington Public School District

PROCEDURES FOR ENROLLMENT AND PROOF OF RESIDENCY

Under MGL, Chapter 76, Section 5, every person “shall have the right to attend the public school of the town where she/he actually resides.” The following procedures will be followed in order to verify a student's residency.

Before any student is enrolled in the Abington Public School District, the student's parent or legal guardian* must prove legal residence in the town of Abington. Children whose primary residence is outside of Abington are not eligible to attend the Abington Public School District. Residency means the domicile where a child spends the majority of her/his time. The law is very clear that the determination for residency lies in the establishment of “domicile” – where the student resides, as determined by the establishment of where the center of her/his domestic, social and civic life is, and this is where one is to attend school. This standard must be the first step met before a family seeks to demonstrate the residency of the child.

All applicants must submit at least **three proofs of residency**. (*Column C may be submitted within 30 days of registration.*)

The documents must be pre-printed with the name and address of the student's parent or guardian. *When registering a student for Abington Public Schools, the district will confirm residency. These documents also will be required for any **change of address**.

All applicants must submit at least one document from each of the following columns:		
Column A	Column B	Column C
<p><i>Must be showing an Abington current address**</i></p> <ul style="list-style-type: none">Valid driver's licenseValid Massachusetts photo Identification cardValid passport, dated within the past year <p><i><u>If license/ID does not show current address, you can go online to www.massdot.state.ma.us/rmv and click on Change of Address, they will email you a receipt. Please submit a copy.</u></i></p>	<ul style="list-style-type: none">Copy of LeaseMortgage StatementSection 8 AgreementLegal affidavit from landlord affirming tenancyCopy of deed or purchase and sales agreement	<p><i>A utility bill or work order dated within the past 60 days including</i></p> <ul style="list-style-type: none">Gas billOil billElectric billTelephone billCable bill <p><i>Please note that utility companies provide online access to download your bills/statements.</i></p>

***Legal guardianship requires additional documentation from a court or agency.**

*The Abington Public School District residency policy does not apply to homeless students. (McKinney-Vento Act)
Residency fraud impacts all tax payers*

*I/we understand that all applicants must reside in Abington (Massachusetts General Laws, Chapter 76, sec 5 every person shall have a right to attend the public schools of the town where he/she actually resides, subject to the following section. No School Committee is required to enroll a person who does not actual reside in the town unless said enrollment is authorized by law or by the School Committee. **Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly attended public schools.** No person shall be excluded from or discriminated against in admission to a public school or any town, or in obtaining the advantages, privileges and courses of study of such public school on account or race, color, sex, religion, national origin or sexual orientation.*

Amended by st.1971, c.622, c.1; st.1973, c.925, s.9A, ST.1993, C.282; ST.2004, C.352, S.33)

ABINGTON PUBLIC SCHOOLS STUDENT REGISTRATION

STUDENT INFORMATION

LAST NAME (LEGAL)	FIRST NAME (LEGAL)	MIDDLE NAME (LEGAL)
ENTERING GRADE	GENDER	DATE OF BIRTH
	Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified <input type="checkbox"/>	Month _____ Day _____ Year _____
Birth City/Town: _____		Date Student Entered the United States: _____
Student's Address: _____		Home Phone Number: _____
City: _____	State: _____	ZIP Code: _____

Student's Primary Language	Language Spoken In Home	Ethnicity: (Required by the MA Dept. of Education)
		<input type="checkbox"/> Hispanic or Latino

RACE: (PLEASE CHECK ALL THAT APPLY)

_____ American Indian/Alaskan Native	_____ White/Caucasian	_____ Asian
_____ Black/African-American	_____ Hawaiian/Other Pacific Islander	

ARE THERE ANY CUSTODY ISSUES OF WHICH WE SHOULD BE AWARE? ARE EITHER PARENT DENIED LEGAL ACCESS TO STUDENT RECORDS?

_____ No _____ Yes (★ If yes, please specify): _____

★ **Current Legal documentation MUST be provided ANNUALLY to the Principal before restrictions can be implemented.**

PARENT INFORMATION

Name: _____		Relationship To Student: _____
Address: _____		Preferred Phone: _____
City: _____	State: _____	E-Mail: _____
Cell Phone: _____	Place of Employment: _____	Work Phone: _____

Parent(s) Marital Status: ____ Married ____ Separated ____ Single ____ Divorced ____ Widowed

Student Lives With _____ Yes _____ No

Name: _____		Relationship To Student: _____
Address: _____		Preferred Phone: _____
City: _____	State: _____	E-Mail: _____
Cell Phone: _____	Place of Employment: _____	Work Phone: _____

Parent(s) Marital Status: ____ Married ____ Separated ____ Single ____ Divorced ____ Widowed

Student Lives With _____ Yes _____ No

★ ***If applicable – Documentation must be provided.***

Who has physical custody?		Who has legal custody?	
Name: _____		Name: _____	
Address: _____		Address: _____	
Relationship: _____		Relationship: _____	
Preferred Phone: _____		Preferred Phone: _____	

★ ***If student resides with a guardian, please complete this section. (Paperwork MUST be on file.)***

GUARDIAN INFORMATION

Name: _____		Name: _____	
Relationship to student: _____		Relationship to student: _____	
Address (if different) _____		Address (if different) _____	
Preferred Phone (if different) _____		Preferred Phone (if different) _____	

ABINGTON PUBLIC SCHOOLS STUDENT REGISTRATION

Form 2

Military Family Status _____ **Yes** _____ **No** _____ **Please circle 1, 2 or 3**

Student is a child of either (1) an active duty member of the uniformed services or National Guard & Reserve on active duty orders, or (2) a member or veteran who are medically discharged or retired within one year, or (3) a member who died on active duty.

STUDENT'S PREVIOUS SCHOOL INFORMATION**Has this student ever attended a public school in Abington:** _____ **Yes** _____ **No**

If yes, which school? _____

Last school / preschool completed: _____

Location: _____

Last grade attended: _____ Date left previous school: _____

Has this student ever been expelled from school? _____ Yes _____ No

If yes, please state reason: _____

Check each that applies:

- ☐ Student has an Individual Education Program (Special Education). ☐ Student is receiving Title I services.
☐ Student is receiving English Language Learner (ELL) services. ☐ Student has a 504 Plan.

Please complete the following for students born outside the United States or who have been education outside the U.S.:

Has the student completed 3 years of schooling in the United States? ☐ Yes ☐ No

If no, how many full years were completed? _____

Date of first year of school in the United States: _____

Years of schooling at home/or in other country? _____

Highest grade completed at home/or in other country? _____

Siblings with birthdates and schools they attend: _____

Hospital Preference:

Doctor:

Insurance:

Policy Claim #

ALTERNATE CONTACT/EMERGENCY CONTACT PERSON (OTHER THAN PARENT/GUARDIANS)

Name:

Relationship:

Preferred Phone Number:

Cell:

Work:

Name:

Relationship:

Preferred Phone Number:

Cell:

Work:

Name:

Relationship:

Preferred Phone Number:

Cell:

Work:

SIGNATURE OF PARENT/GUARDIAN REGISTERING STUDENT**DATE**

Legal Last Name _____ First Name _____ Middle Name _____

MEDICAL CONTACTS – INSURANCE

Name of Primary Care Doctor		Phone No.	
Name of Dentist		Phone No.	
Health Insurance Yes No	Name of Insurance		
Health Insurance Number:		Is insurance through CommCare/Mass Health	Yes No

If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health insurance (restrictions may apply). If you are interested in more information about these programs, please contact the School Nurse.

Release of Information regarding Medicaid (Please Initial.) As parent/guardian of the child named above, I give permission to disclose information from my child's educational records to school districts and designees, State, and Federal Medicaid

Release of Information regarding Mass Health (Please Initial.) As parent/guardian of the child named above, I give permission to disclose information from my child's educational records to school districts and designees, State, and Federal administration

MEDICAL INFORMATION

(If applicable, please complete this section)

Medical Illnesses (for example: asthma, seizures, heart condition):
Medications:
Allergies/Alert:

MEDICAL PERMISSIONS AND CONSENTS

I GIVE PERMISSION TO THE School Nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs.

I give permission to exchange information with my child's primary care provider and/or emergency personnel for the purpose of referral, diagnosis and treatment.

I understand in the event of a medical emergency my child may be transported to the nearest local hospital by ambulance. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

(The School Nurse may administer specific medications to students during school hours based on written protocols for these medications that have been developed in collaboration with the school physician. Copies of the protocols are available by request.)

Parent/Guardian Signature _____ Date _____

STUDENT IMAGE AND SCHOOL WORK PERMISSIONS AND CONSENTS

The Abington Public Schools may use your child's **Image and/or school work** for newspapers/print (including class pictures and yearbooks), TV/video and website/Internet.

Should you request that your child's image or school work not be used for newspaper/print (including class pictures and yearbooks), TV/video and website/Internet, please provide your child's school with written notice as such.

I hereby release the Abington Public Schools, the Abington School Committee, employees, volunteers, agents and other personnel from any liability and legal or equitable claims of any kind arising from or related to, such publication.

Parent/Guardian Signature _____ Date _____

STUDENT PARENT HANDBOOK ACKNOWLEDGMENT

My student and I have access to and have read the Student Handbook, which is available online at www.abingtonps.org, and includes the school district's Computer/Network Acceptable Use Policy. We agree to adhere to the policies outlines in the Student Handbook.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

ADMINISTRATIVE GUIDELINES
PARENT INFORMATION LETTER

Re: Inclement Weather or
Emergency School Evacuation and Dismissal Policy

Dear Parent/Guardian:

In case it becomes necessary to dismiss our school, the following procedures have been worked out:

All schools (i.e., snow). Students will be sent home via regular method with dismissal being widely announced.

Individual School (i.e., emergency situation). Students will, in most cases, be transferred to a host location (e.g., Middle School to Frolio School Building) and released home at their regular time. Walkers will be supervised back to their regular school area and released; bus students will be transported from the host location. Dismissal will be widely announced.

Parents are requested to prepare a plan for their children if released home other than at regular school time.

EMERGENCY DISMISSAL POLICY

Received: _____

Child's Name _____

Comments or special instruction for the school:

Signature: _____

ABINGTON PUBLIC SCHOOLS
HEALTH HISTORY
 (To be completed by parent or guardian)

Name: _____ Date of Birth: _____

Place of Birth: _____

Address: _____ Phone: _____

Mailing Address (if different from above): _____

Father: _____ Occupation: _____

Mother: _____ Occupation: _____

Guardian is: ☐ Mother ☐ Father ☐ Other, if other, Name & Relationship _____

Marital Status: ☐ Married ☐ Widow(er) ☐ Single ☐ Divorced ☐ Separated

Does either parent live at an address different from above? ☐ Yes ☐ No

If yes, name of parent: _____

Address: _____

Phone (home): _____ (cell) _____

Are there visitation restrictions? ☐ No ☐ Yes (if yes, a copy of legal documentation must be provided)

DCF Caseworker: ☐ Past ☐ Present Name: _____

Do you have: Health Insurance ☐ No ☐ Yes Insurance provider: _____

Dental Insurance ☐ No ☐ Yes Insurance provider: _____

Immunizations: Massachusetts law requires that all children enrolling in public school must be immunized. A physical exam completed within the last 12 months is also necessary.

Child's physician: _____ Phone: _____

Child's dentist: _____ Phone: _____

Date of last physical: _____

Is your child capable of participating in a full program of school activities, including recess and physical education?

☐ Yes ☐ No

Current health concerns		If yes, explain:
Does your child have allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Other
Does your child have any vision problems or wear glasses?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have any hearing problems?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Is your child taking prescribed medications on a daily basis?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Will your child be taking any medications at school?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have asthma?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have diabetes?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have a chronic illness or condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have headaches?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have bowel or bladder problems?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Is there anything else we should know about your child's health?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Past Health Concerns		If yes, explain:
Was your child born prematurely?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have any history of heart problems?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Has your child ever had surgery?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Has your child ever been hospitalized or been to the Emergency Room?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Has your child ever had seizures?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have any behaviors that concern you?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have any other health concerns?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Abington Public Schools

Home Language Survey (available in multiple languages)

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information

Gender: M ☐ F ☐

First Name _____ Middle Name _____ Last Name _____

_____/_____/_____

Country of Birth _____ Date of Birth (mm/dd/yyyy) _____ Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____

School Information

_____/_____/_____

Start Date in New School (mm/dd/yyyy) _____ Name of Former School and Town _____ Current Grade _____

Questions for Parents/Guardians

What is the native language(s) of each parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / guardian)	Which language(s) are spoken with your child? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
What language did your child first understand and speak?	Which language do you use most with your child?
Which other languages does your child know? (circle all that apply) _____ speak / read / write _____ speak / read / write	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/>	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>
Parent/Guardian Signature:	_____ Today's Date: (mm/dd/yyyy)

Name of Student_____

Grade_____

Name of Parent/Guardian_____

School_____

Please respond to the following two questions to guide you in completing the entire form:

1. Are you Hispanic or Latino? Select only one.

___ No, not Hispanic or Latino

___ Yes, Hispanic: a person of Cuban, Mexican, Chicano,
Puerto Rican, or other Spanish culture or origin regardless of race.

___ Yes, Latino: a person of South American or Central American origin.

2. What is your race? You may select one or more races.

___ White: a person having origins in any of the original peoples of
Europe, the Middle East, or North Africa.

___ Black or African American: a person having origins in any of the
black racial groups of Africa.

___ American Indian or Alaska Native: a person having origins in any
of the original peoples of North and South America (including
Central America) and who maintains tribal affiliation or
community attachment.

___ Asian: a person having origins in any of the original peoples of
the Far East, Southeast Asia, or the Indian subcontinent including,
for example, Cambodia, China, India, Japan, Korea, Malaysia,
Pakistan, the Philippine Islands, Thailand and Vietnam.

___ Native Hawaiian or Other Pacific Islander: a person having
origins in any of the original peoples of Hawaii, Guam, Samoa, or
other Pacific Islands.

Abington Public Schools

Preschool Developmental History

Child's Name:

DOB:

Address:

Phone #:

Date:

Person Completing Form:

Parent/Guardians Names:

(Please complete both sides of questionnaire)

A. Child Information & Preschool/Childcare History

- a. With whom does your child live (include siblings, extended family)?
- b. Have you changed residences during his/her lifetime? No Yes (number of times___)
- c. What language(s) are spoken in your home?
Which language(s) does your child understand?
What language(s) does your child speak?
- d. Does your child attend preschool or daycare? (Name, location, days/hours per week)

B. Medical Information

- a. Were there any complications during pregnancy or birth? No Yes (please explain)
- b. Was your child born at full term? Yes No (number of weeks_____)
- c. Does your child have any problems with vision or hearing? No Yes (please explain)
- d. Has your child had a hearing evaluation? No Yes (please provide test results)
- e. Does your child take any medication on a regular basis? No Yes
If yes, provide the type/names, dosage, and purpose:
- f. Does your child have a history of any serious illnesses, accidents, operations, injuries (including head injuries, heart issues, sleep issues, etc.)? No Yes (please explain)
- g. Does your child have a history of any serious illnesses, accidents, operations, injuries (including head injuries, heart issues, etc.)? No Yes (please explain)

- h. Does your child have any dietary restrictions? No Yes (please explain)
- i. Does your child have any allergies (e.g. food, medication or latex)? No Yes (please explain)
- j. Is your child toilet trained? No Yes
- k. Is there any family history of emotional/mental illness or learning disabilities? No Yes (please explain)
- l. Has your child received any prior evaluations (Early Intervention, Speech/Language, OT, PT, Developmental Pediatrician, Neurologist, etc.)? No Yes (please explain)
- m. Please list all Early Intervention services and any other therapies your child participates in (include provider name(s) e.g. BAMSI, South Bay):

C. Child's Development

- a. How would you describe your child's temperament?
- b. How does your child respond to transitions / limits / authority?
- c. Do you have any concerns regarding your child's behavior? No Yes (please explain)
- d. Describe how your child gets along with peers / siblings (e.g. sharing, play skills, etc.)
- e. Does your child have opportunities to play with other children?
- f. What are your child's favorite activities?
- g. What concerns do you have with your child's development (e.g. toilet training, separation, social skills, play skills, motor skills, communication, feeding, etc.)?
- h. Is there anything else you think we should know about your child?

Abington Public Schools Integrated Preschool Program Tuition Schedule and Agreement

PLEASE PRINT and complete all information.

Child's Name: _____ Returning student? ☐ Yes ☐ No

Date of Birth: _____ Sex: (please circle) Male Female

Parents/Guardians Names: _____

Address: _____

Telephone #: _____

Email Address: _____

PROGRAM OPTIONS: Please mark your first and second choice preferences from the programs below:

Morning Preschool: 8:20 AM – 10:55 AM

___ Monday, Wednesday (2 day tuition)

___ Tuesday, Thursday (2 day tuition)

___ Monday, Tuesday, Wednesday, Thursday (4 day tuition)

Afternoon Pre-Kindergarten: 11:35 AM – 2:10 PM

___ Tuesday, Thursday (2 day tuition)

___ Monday, Wednesday, Friday (3 day tuition)

___ Monday, Wednesday, Thursday, Friday (4 day tuition)

___ Monday, Tuesday, Wednesday, Thursday, Friday (5 day tuition)

ENROLLMENT AGREEMENT: Please complete attached forms.

RETURN: Application, Enrollment Agreement and non-refundable Registration fee of \$150 to:

Abington Early Education Program, 201 Gliniewicz Way, Abington, MA 02351

Applications are not considered complete until the non-refundable registration fee has been received.

Updated 1/2024

Abington Public Schools Integrated Preschool Program Tuition Schedule and Agreement

ENROLLMENT AGREEMENT

The Integrated Preschool provides an enriched learning experience through developmentally appropriate activities. The philosophy of the program is that all children learn best through active involvement in play. All children are unique individuals who develop at their own pace.

If accepted into the program, I agree to be bound by the following procedures of the Abington Public Schools Integrated Preschool program:

1. I agree and acknowledge that the tuition for the Integrated Preschool program is non- refundable.
2. I understand that a non-refundable deposit is due prior to my child beginning the Integrated Preschool program in order to reserve a space. This deposit will be deducted from my tuition. If the program is unable to place my child due to space limitations, my deposit will be refunded.
3. I understand that monthly tuition payments are to be made by the 20th of each month.
4. I understand that if my payment is not received by the 1st of the month, I will forfeit my child's space in the program.
5. I understand that if payments are not made according to the payment schedule on the reverse side of this form, my child may be excluded from the Integrated Preschool program.
6. I agree and acknowledge there will be no refunds due to absence or school closings due to weather and other emergencies.
7. I agree to notify the program in the event my child will be absent for reasons of illness, etc.
8. I understand transportation to and from Preschool is the responsibility of the parent(s)/guardian.
9. I agree to drop off and pick up my child at the designated time.
10. I understand that payments are made through FACTS Management and I am required to set up a payment plan on or before August 20th, the due date of the first payment.

Student Name (Please print): _____

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____

Address: _____

Telephone #: _____

Email Address: _____

Abington Public Schools Integrated Preschool Program Tuition Schedule and Agreement

Student Name (Please Print): _____

Parent/Guardian Name (Please Print): _____

Please check one:

5-Day Program: \$2,750

☐ Full tuition payment \$2,600 (\$2,750 minus \$150 non-refundable registration fee)

☐ Monthly Payments** \$2,600 divided into 8 payments of **\$325.00**

4-Day Program: \$2,200

☐ Full tuition payment \$2,050 (\$2,200 minus \$150 non-refundable registration fee)

☐ Monthly payment** \$2,050 divided into 8 payments of **\$256.25**

3-Day Program: \$1,650

☐ Full tuition payment \$1,500 (\$1,650 minus \$150 non-refundable registration fee)

☐ Monthly payment** \$1,500 divided into 8 payments of **\$187.50**

2-Day Program: \$1,100

☐ Full tuition payment \$950 (\$1,100 minus \$150 non-refundable registration fee)

☐ Monthly payment** \$950 divided into 8 payments of **\$118.75**

**** First payment is due August 20th. Final payment is due March 20th.**

By signing below, I agree to the terms and conditions of the Enrollment Agreement and Tuition Schedule.

Parent/ Guardian Signature: _____ Date: _____

Updated 1/2024