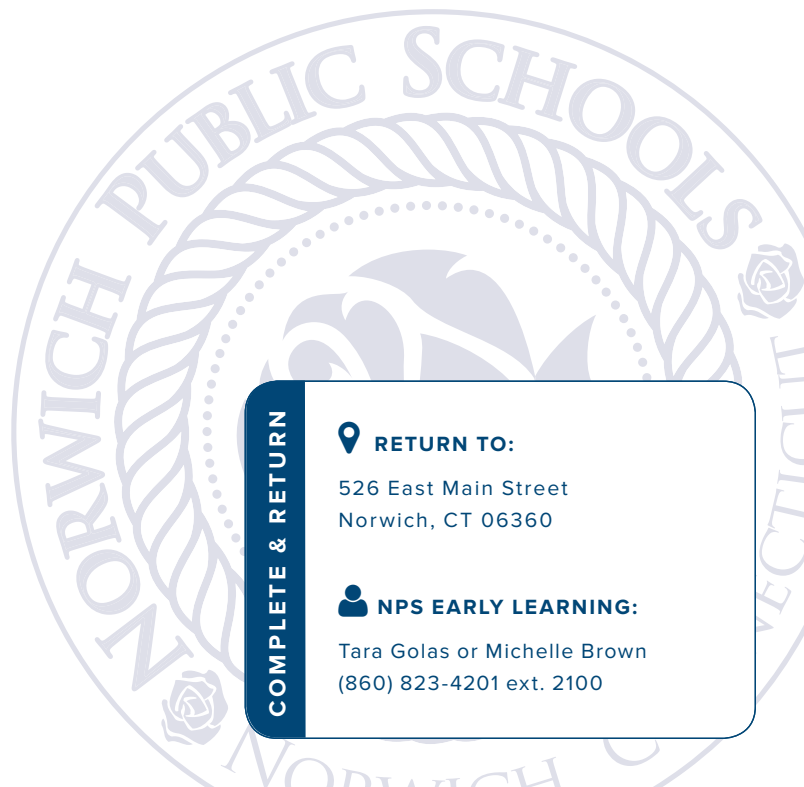


Norwich Public Schools

PRE K REGISTRATION PACKET
for 2018-19 School Year



COMPLETE & RETURN

 **RETURN TO:**

526 East Main Street
Norwich, CT 06360

 **NPS EARLY LEARNING:**

Tara Golas or Michelle Brown
(860) 823-4201 ext. 2100

NORWICH PUBLIC SCHOOLS REGISTRATION FORM

Please print legibly. All items must be completed

Student's Legal Name: _____
Last First Full Middle

Student's Address: _____ Norwich, 06360 Taftville, 06380 Yantic, 06389

Date of Birth _____ Birth City and State: _____ Male Female Non-Binary

ETHNICITY: Hispanic or Latino: Y N LANGUAGE SPOKEN AT HOME _____ Grade _____

RACE: Check ALL that apply:

American Indian or Alaskan Asian Black or African American White Native Hawaiian or Other Pacific Islander

STUDENT LIVES WITH: Parents Mother Father Guardian Foster Other _____

Parent /Legal Guardian 1: _____ Relationship _____

Address: _____ Norwich, 06360 Taftville, 06380 Yantic, 06389

Mailing Address: _____ E-mail _____
(if different)

Home Phone _____ Cell Phone _____ Military? Y N

Employer _____ Work Phone _____

Parent /Legal Guardian 2: _____ Relationship _____

Address: _____ Norwich, 06360 Taftville, 06380 Yantic, 06389

Mailing Address: _____ E-mail _____
(if different)

Home Phone _____ Cell Phone _____ Military? Y N

Employer _____ Work Phone _____

****Phone number we should use first for attendance calls or school text messages**** _____
Message and data rates may apply

Emergency Contact Information: (In case of illness or emergency and you are unable to be reached)

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Has this pupil ever attended school in the Norwich School System? Y N (If Yes, answer below)

Name of School _____ Grade _____ Year _____

School Last Attended (For Kindergarten Students include Preschool if applicable)

Name of School _____ City/State _____ Phone # _____ Grade _____

Other Children in Family:

Name _____ School _____ Grade _____ Relationship _____

Name _____ School _____ Grade _____ Relationship _____

Name _____ School _____ Grade _____ Relationship _____

Day Care Provider A.M. P.M.

Name _____ Address _____ Phone _____

I give my permission to have my child taken to the nearest hospital in case of an emergency.

Signature of Parent/Guardian

Date

Student's Legal Name Last _____ First _____ Full Middle _____

SUPPORT SERVICES Please check all that apply:			
<input type="checkbox"/> IEP	<input type="checkbox"/> 504	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Emotional Disturbance		<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Specific Learning Disability
<input type="checkbox"/> Other Health Impairment		<input type="checkbox"/> Speech or Language Impairment	<input type="checkbox"/> Other _____

Student's Physician: _____ Phone: _____

Student's Dentist: _____ Phone: _____

Does your child have health insurance? Yes No

PLEASE CIRCLE AREAS OF CONCERN. WRITE IN IF NOT LISTED.

1. General Health (e.g., fatigue, low energy level, poor sleeping habits, frequent illness, poor posture)

2. Behavior/personal relationships (e.g., very active, runs away, needs to be center of attention, loner, easily upset, shy has difficulty making friends).

3. Specific physical condition/illness past or present (e.g., cerebral palsy, epilepsy, back abnormality, sickle cell anemia, asthma, diabetes, heart problems)

4. Does this child have a health problem which may require EMERGENCY ACTION while at school (e.g., respiratory or epileptic, heart problem)? YES NO If yes, please explain:

5. Allergy (e.g., insect stings, foods, drugs, pollen)? Please list: _____

6. MEDICINE AT HOME: Please list any prescribed medicine your child may be taking before or after school (not vitamins).
Medication: _____ Doctor: _____
NOTE: Medicine may not be taken at school unless a **STATE AUTHORIZED FORM** is filled in by your doctor.
7. May the pupil participate in normal school activities? YES NO
If No, PLEASE LIST EXCEPTIONS:

8. Vision, hearing, speech:

9. If female: Menstrual (e.g., pain, irregularity, late or early onset)

10. If you would like to discuss your child's health with school or school health personnel, please check below
 Nurse Teacher Principal Counselor

I give permission for the release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent / Guardian

Date

Norwich Public Schools

Preschool Program

2018 -2019

Child's Name _____

First Aid /CPR Permission

I give Norwich Public Schools permission to administer first aid and or CPR to my Child in case of emergency.

Permission For Field Trips

School Year 2018-2019

My child has permission to take part in school field trips during the school year. I understand I will be notified before each field trip.

Sunscreen Permission

I give permission for the school staff to apply the sunscreen I have sent in with my child.

Parent/ Guardian Signature _____ Date _____

**NORWICH PUBLIC SCHOOLS
VERIFICATION OF RESIDENCY**

In order to verify residency within the Norwich Public Schools, a driver's license and one current document from the following list must be provided. If a parent does not have a driver's license, two of the following documents must be provided. Said documents must show parent/guardian name and address, and must be dated within 60 days prior to your child's first day of school. Past due bills are not acceptable for verification. Post Office box numbers are not acceptable as residence addresses:

Current Address/City/State_____

_____ **Driver's License (make copy) and one of the following:** ___ Passport ___ Photo ID

_____ Escrow papers, mortgage book or statement

_____ Lease Agreement/Rental Contract and current rent receipt or notarized letter from landlord.

_____ Affidavit

_____ Utility Bill _____ Cable Bill ___ Affidavit _____ Other _____

I, _____ (print name of parent/guardian)

_____ (Student's name) declare under penalty of perjury that the above named student resides at the address shown on the documents indicated above and attached. **I will notify the school within two weeks if residency changes** and agree to provide a new residency proof and updated signed statement at that time. If I move outside of the school district, written approval from the Superintendent of Schools must be granted in order for the student's continued attendance.

WARNING: Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there may result in revocation of student enrollment.

Parent/Guardian Signature: _____ Date: _____

FOR SCHOOL USE ONLY:

The attached documents show the name and address of the person enrolling the above named student. If not the parent, court papers for guardianship is required, or residency affidavit.

Signature of School Official: _____

Date: _____

Parent Employment Schedule

Parent/ Guardian's Name: _____

Place of Employment _____

Address: _____

		Parent's work schedule		
MON	TUES	WED	THURS	FRI

Parent/ Guardian's Name: _____

Place of Employment _____

Address: _____

		Parent's work schedule		
MON	TUES	WED	THURS	FRI

Child's Weekly Attendance Schedule

	Mon	Tues	Wed	Thurs	Fri
Daily arrival Time					
Daily Departure Time					

Total Hours Weekly _____

Parent/ Guardian Signature _____ Date _____



NORWICH PUBLIC SCHOOLS

Case St Early Learning Center
30 Case Street
Norwich, CT 06360
860-892-4354

Bishop School Early Learning Center
Lynn DePina, Director
526 East Main Street
Norwich, CT 06360 860-823-4201

Samuel Huntington School
Siobhan O'Connor, Principal
80 West Town Street
Norwich, CT 06360 860-823-4204

Thomas W. Mahan School
Donna Funk, Principal
94 Salem Turnpike
Norwich, CT 06360 860-823-4205

John M. Moriarty School
Rebecca Pellerin, Principal
20 Lawler Lane
Norwich, CT 06360 860-823-4206

Stanton Network School
Billie Shea, Principal
386 New London Turnpike
Norwich, CT 06360 860-823-4207

Uncas Network School
Jason Foster, Principal
280 Elizabeth Street Extension
Norwich, CT 06360 860-823-4208

Veterans Memorial School
Adam Rosenberg, Principal
80 Crouch Avenue
Norwich, CT 06350 860-823-4209

Wequonnoc School
Scott Fain, Principal
155 Providence Street
Taftville, CT 06380 860-823-4210

Kelly Middle School
William Peckrul, Principal
25 Mahan Drive
Norwich, CT 06360 860-823-4211

Teachers' Memorial Middle School
Alexandria Lazzari, Principal
15 Teachers' Drive
Norwich CT 06360 860-823-4212

Student Media Release

School Year 2018/19

I hereby authorize Norwich Public Schools (NPS) to publish photographs or videos taken of my child, their work and etc., and their name, for use in printed publications, videos, and our website(s) and associated social media sites i.e. Blogger, Facebook, Twitter, YouTube, etc. I acknowledge that since my child's participation in media produced by NPS is voluntary, we will receive no financial compensation. This authorization is not revocable as to any use that has already occurred at the time of such revocation. I waive any confidentiality right as I may have related to such photographs or videos.

I further agree that my child's participation in any media produced by NPS grants to me and/or my child no rights of ownership whatsoever and I and my child assign to NPS any rights of ownership we may have. I release NPS and their employees/contractors from any liability for any claims by me, my child or any third party in connection with such participation.

Does NPS have permission to publish your child? YES or NO

Student's Information

Name _____

Grade _____

School _____

Parent/Guardian's Information

Name _____

Signature _____

Date _____

HEALTH INSURANCE INFORMATION

Child's Name _____

Parent/ Guardian Name _____

Child's Primary Physician _____

Physician's Address _____

Physician's Phone Number _____

Health Insurance Provider _____

Husky _____ Private _____ Not Insured _____

Total# living in the household _____ Approximate annual family income _____

Permission to Release Child:

I (parent/ Guardian) _____ give permission for the following people to pick up my child (child's name) _____ at any time . I understand that the school will not call me to release my child to this person when they arrive. I understand that the pick up person must provide proper identification to the staff before my child will be released.

Name:

Phone#

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent/ Guardian Signature: _____

Date: _____

Full Day Preschool Program

Fee Form

Child's Name: _____

Parent/ Guardian's Name: _____

Name of Each Person Living in the Household	Weekly Gross Income	Other Income such as alimony or unemployment

Family Name _____ Family Size _____

Annual Income _____ Weekly Fee _____

Fees are based on a sliding scale using the DSS School Readiness sliding fee scale. All eligible families are assisted by the Family Advocate and/or FRC Director in applying for the Child Care Assistance program (Care 4 Kids). Fees are calculated with the parent and Family Advocate using the parent's current financial information. Parents are required to complete a family fee form complete with signature and will receive a copy for their records. Re-determination of fees is done twice a year in January and June and any time a families financial situation changes.

Childcare fees must be pre-paid weekly. **Payments are due on Monday for the week.** You are charged even if your child does not attend, as we must pay expenses whether or not the child is present. If your payment is more than a week late, and you have not made payment arrangements, your child(ren) will not be premitted to attend childcare the next week. **Please be aware that you, the parent or guardian, are responsible for the care of your child on those days.** Your child may be readmitted or placed on the waiting list if no spot is available to the program once payment has been made in full. Payments may be made in advance for more than one week at a time.

Signature: _____ Date: _____

A.1.a English Language Learner's Survey and School History – English

**Norwich Public Schools
ENGLISH LANGUAGE LEARNER'S SURVEY**

Child's Full Name		Date of Birth	
School		Grade	

Dear Parents/Guardians: In compliance with Public Act 77-588, please complete this questionnaire on behalf of your child.

What is the primary language used in the home, regardless of the language spoken by the student?	
What is the language most often spoken by the student?	
What is the language the student first acquired?	

CHILD'S SCHOOL HISTORY

Has the student ever been in bilingual classes (Classes taught in a language other than English)?		Yes		No	
If yes , where?	School				
	Town, State				
When?	Dates		Grades		

Has the student ever been enrolled in ESL (English as a Second Language) classes (special classes or extra help learning English) in another school district in the United States?		Yes		No	
If yes , where?	School				
	Town, State				
When?	Dates		Grades		

CHILD'S RESIDENCE

Is your child entering the United States from another country?		Yes		No	
If yes , from which country?					
On what date did your child first enter the United States?					
On what date did your child first attend school in the United States?		When?			
		Where?			

PARENTS' PREFERRED LANGUAGE FOR OFFICIAL NOTIFICATIONS

In which language would you prefer to receive official notifications from Norwich Public Schools? (Please choose one.)							
English		Spanish		Haitian Creole		Chinese	

SIGNATURE

Name of person completing this form			
Relationship to child		Date	