

**MALDEN PUBLIC SCHOOLS EARLY LEARNING CENTER
2020-2021 PRESCHOOL REGISTRATION**

Please complete the following student information:

CHILD'S NAME: _____
PARENT'S NAME: _____
ADDRESS: _____
DATE OF BIRTH: _____ **MALE** _____ **FEMALE:** _____
BIRTH PLACE: CITY: _____ **STATE:** _____ **COUNTRY:** _____
PHONE # CELL _____ **HOME:** _____
Did you attend the ELC last year? _____
Child's Teacher: _____
Does your child have an Individual Education Program (IEP)? _____

(Children must be 3 years of age and fully toilet trained)

Class Choice

Please select choice. Indicate preference with a 1 (first choice), 2 (second choice), or 3 (last choice).

Half-Day Morning Program (8:00 AM - 11:00 AM, 3 hours) – Cost: \$24.50/day

- 2 mornings per week (Tues./Thurs.)
 3 mornings per week (Mon./Wed./Fri.)
 5 mornings per week

Half-Day Afternoon Program (11:30 AM - 2:00 PM, 2.5 hours) – Cost: \$20.00/day _____

- 2 afternoons per week (Tues./Thurs.)
 3 afternoons per week (Mon./Wed./Fri.)
 5 afternoons per week

Full-Day Program (8:00 AM - 2:00 PM, 6 hours) – Cost: \$49.50 /day

- 2 days per week (Tues./Thurs.)
 3 days per week (Mon./Wed./Fri.)
 5 days per week

Full-Day Program (8:30 AM - 2:30 PM, 6 hours) – Cost: \$49.50/day

- 2 days per week (Tues./Thurs.)
 3 days per week (Mon./Wed./Fri.)
 5 days per week

Before School Program

- Before School (Begins at 7:00AM) – Cost: \$8.25/day

Please return this form with a **\$100.00** non-refundable registration fee. Returning students will pay with their existing online accounts. New families will receive instructions on how to pay the registration fee online once we receive your application or you mail a check or money order made out to the **Malden Public Schools** to the ELC. Please provide copies of your **proofs of residency, child's birth certificate** and an **updated physical form with immunizations from your pediatrician's office**. If you can't upload them please mail them to the ELC 257 Mountain Ave. **All forms must be turned in** for the application to be processed.

(Please note that due to the current COVID-19 Pandemic programs may be altered. The ELC staff will notify you if there are any changes.)

For office use only:

Birth Certificate _____ Reg. Fee _____ Tuition Contract _____ Physical/Immunizations _____ Proof of Residency _____

**MALDEN PUBLIC SCHOOLS
EARLY LEARNING CENTER**

BEFORE COMPLETING YOUR REGISTRATION FORMS PLEASE READ THIS INFORMATION.

ALL STUDENTS MUST BE MALDEN RESIDENTS

1. Your child will be accepted when they turn three years of age and are fully toilet trained.
2. There is a \$100.00 non-refundable registration fee for all new & returning students. Returning students will pay this online with their current account. New students will receive instructions once an application is complete or you may mail in the registration fee to the ELC.
3. Student's currently on an IEP will only pay the registration fee if they are extending their day,
4. A birth certificate, updated physical exam with immunization will be required. All documents can either be uploaded or mailed to the ELC.
5. MPS has a new proof of residency please see the attached document.
6. All preschool classes are integrated with three, four and five-year old students that are typically developing and students that have special education needs.
7. There is a maximum of 15 students to one teacher and one or two paraprofessionals per class.
8. Our program will be half day sessions in the morning (**3 hours**), afternoon (**two hours & thirty minutes**) & full day classes (**six hours**) with a before school program.
9. You may choose either two days (**Tuesday & Thursday**), three days (**Monday, Wednesday or Friday**), or **5 days** per week depending on availability.
10. Information regarding **afterschool programs** can be found on **www.maldenps.org**.
11. Registration is on a "first come first serve" basis with **pre-registration** preference given to students and their siblings currently in the program.
12. All New Applications taken during registration are numbered and will be processed in that order.
13. Packets of information indicating your child's teacher and the session he/she will attend will be sent out during the summer months. Applications will not be processed until all documents are received. If you can't upload these documents please mail them to the school. 257 Mountain Ave, Malden, Ma 02148.
14. All tuition payments are made online. Information on this will be provided in the summer packet
15. **MPS Early Learning Center** requires 4 weeks written notice if you withdraw your child from the program. You are responsible for paying all of the tuition cost. You will be asked to sign a tuition contract stating that you understand our tuition policy. If you withdraw and return during the school year a \$150.00 re-registration fee will be charged if there is availability. May & June 2021 re-registration is not an option.
16. Once your child is registered there will be a \$25.00 administrative fee for all changes made to your child's schedule.
17. Please don't hesitate to contact the office staff if you have any questions. The office phone number is 781-397-7025 ext.0 or you may email the administrative assistants at cwillcox@maldenps.org or gdeangelis@maldenps.org.
18. Please note due to the COVID-19 Virus programs may be altered. The ELC staff will notify you of any changes

MALDEN PUBLIC SCHOOLS

Early Learning Center

Registration Application

Student Information

State ID # _____ Student ID # _____

Last: _____ First: _____ Middle: _____

Address: _____ Telephone: _____

Date of Birth: (mm/dd/yyyy) _____ / _____ / _____ Male Female

Birthplace: City: _____ State: _____ Country: _____

Home Language: _____ First Language: _____

Language parent/guardian prefers to receive school information: _____

Ethnicity: (choose only one) Yes, Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) No, not Hispanic or Latino

Race: (choose one or more)

 White Black Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

Family Information

Parent 1: _____ Address: _____

Email: _____ Cell Phone: _____ Work Phone: _____

Parent 2: _____ Address: _____

Email: _____ Cell Phone: _____ Work Phone: _____

Guardian's Name: _____ Address: _____

Email: _____ Cell Phone: _____ Work Phone: _____

Siblings (Brothers/Sisters)

Name	Age	Relationship	Grade	School

Medical Information

Doctor to be called: _____ Telephone: _____

Emergency Contacts (In case of emergency when parents/guardians are not available)

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Previous School Information

Last school attended: _____

Location: _____ Last grade completed: _____ Grade(s) repeated: _____

When did your child start school in the U.S.A.? _____

Has your child attended a public school in Malden before? Yes No Grade: _____ School: _____

Did your child receive any ELL program services before? Yes No

If yes, please check one: SEI ESL When did those services begin? _____

Does your child have an Individual Education Program (I.E.P.) ? Yes No

Military Family Status

PLEASE CHECK ONE

<input type="checkbox"/>	ACTIVE DUTY - Active duty members of the uniformed services, National Guard and Reserve on Active duty orders.
<input type="checkbox"/>	DECEASED - Members who die on active duty.
<input type="checkbox"/>	DISCHARGED - Members or veterans who are medically discharged or retired for one year.
<input type="checkbox"/>	N/A - Not applicable.

Parent's Signature:

Date:



CITY OF MALDEN, MASSACHUSETTS

THE PUBLIC SCHOOLS

529 Salem St., Malden, MA 02148 Tel. (781) 397-7271 Fax (781) 397-1547

MR. JOHN OTERI
Superintendent of Schools

JOAN FEDERICO
Manager, PIC

Home Language Survey

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	
First Name _____	Middle Name _____
Country of Birth _____	Date of Birth (mm/dd/yyyy) _____
Last Name _____	
Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____	
Gender F <input type="checkbox"/> M <input type="checkbox"/>	
School Information	
Start Date in New School (mm/dd/yyyy) _____ / _____ /20 _____	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)	Which language(s) are spoken with your child? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) _____ seldom / sometimes / often / always
_____ (mother / father / guardian)	_____ 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	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always
_____ speak / read / write	_____ 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: X	_____ / _____ /20 Today's Date: (mm/dd/yyyy)

Home Language forms are available in the following languages:

- | | | | |
|---------------------|----------|------------|------------|
| Arabic | Farsi | Hmong | Russian |
| Albanian | French | Japanese | Swahili |
| Bengali | Greek | Khmer | Telugu |
| Burmese | Gujarati | Korean | Thai |
| Simplified Chinese | Haitian | Polish | Urdu |
| Traditional Chinese | Hebrew | Portuguese | Vietnamese |
| Cap Verdean Creole | Hindi | | |

Massachusetts Parental Notice with One-Time Consent to Allow the School District To Access MassHealth (Medicaid) Benefits

Malden Public Schools (0165)

Dear Parent/Guardian:

The purpose of this letter is to ask your permission to bill MassHealth for the cost of special education services that the district provides your child under the IEP that we developed with you. If you agree, MassHealth will reimburse the cost of services that they cover, such as therapy services as well as the cost of time spent by providers of such services to participate in Team meetings. We cannot send records and information about your child and your child's IEP services to MassHealth to ask for reimbursement without your consent and without first notifying you of the following:

1. The school district cannot require you to sign up for MassHealth in order for your child to receive the special education services to which your child is entitled;
2. The school district cannot require you to pay anything towards the cost of your child's special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can bill MassHealth. The school district can agree to pay the co-pay or deductible if any such cost is expected.
3. If the school district receives your consent:
 - a. Your consent will not decrease your child's available lifetime coverage or other MassHealth benefit; nor will it in any way limit your own family's use of MassHealth benefits outside of school.
 - b. Your consent does not affect your child's special education services or IEP rights in any way.
 - c. Your consent will not lead to any changes in your child's MassHealth rights; and
 - d. Your consent will not lead to any risk of losing eligibility for other Medicaid or MassHealth funded programs.
4. If you consent, you have the right to change your mind and withdraw your consent at any time.
5. If you withdraw your consent, or refuse to agree to allow the school district to share your child's records and information with MassHealth for the purpose of billing the cost of his/her IEP services, the school district will continue to be responsible for providing your child the special education services in his/her IEP at no cost to you.

I have read the notice and understand it. I have had my questions, if any, answered. I agree to give my consent to the school district to share records and information concerning my child and his/her IEP services as necessary to bill MassHealth to obtain federal reimbursement for the cost of the IEP services that MassHealth covers.

Parent/Guardian Signature: _____ Date _____

Student Name:	DOB:	SASID:
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CITY OF MALDEN, MASSACHUSETTS

THE PUBLIC SCHOOLS

529 Salem St. Malden, MA 02148 Tel. (781) 397-7271 Fax (781) 397-1547

Mr. John Oteri
Superintendent of Schools

Patricia Tramondozzi, RN
Director of Nursing

MEDICAL RELEASE OF RECORDS

I give permission to: _____
Name of Health Agency/Doctor/Hospital

To release all medical information concerning my child:

_____ Date of Birth: _____
Name

to the Malden Public Schools for the school year _____

Parent/Guardian
Signature _____ Date _____

Parent/Guardian Address _____

FOR OFFICE USE ONLY

Send Records to:

Dedicated Fax # _____

**MALDEN PUBLIC SCHOOLS
RESIDENCY POLICY**

PROCEDURES FOR DETERMINING RESIDENCY

In order to attend the Malden Public Schools, a student must actually reside in Malden. A student’s actual residence is considered to be the place where he or she lives permanently with the parent or legal guardian who has physical custody of the student. In determining residency Malden Public Schools retains the right to require the production of a variety of records and documentation and to investigate where a student actually resides.

VERIFICATION OF RESIDENCY

To register to attend Malden Public Schools a student’s parent or legal guardian must submit at least one **original** document from Column A, B, and C listed below and any other documents that may be requested, including but not limited to those listed below.

Column A Evidence of Residency	Column B Evidence of Occupancy	Column C Evidence of Identification (Photo ID)
<ul style="list-style-type: none"> • Recent Mortgage Payment or property tax bill • Residency Affidavit signed by the property owner and notarized at the Parent Information Center • Section 8 Housing Agreement 	<p>Recent bill listed below dated within the past 45 days:</p> <ul style="list-style-type: none"> • Excise Tax Bill • National Grid Gas Bill • National Grid Electric Bill • Cable Bill • Water Bill 	<ul style="list-style-type: none"> • Valid Driver’s License • Valid MA Photo ID Card • Passport/Green Card • Government Issued ID

Malden Public Schools shall verify the home address and home telephone number of each student at least once during the school year. Parents are required to notify the school of any changes of their or the student’s address within 5 business days of the change.

ENFORCEMENT

Should a question arise concerning any student's residency elsewhere while attending Malden Public Schools, the student's residency will be subject to further inquiry and/or investigation. Such questions concerning residency may arise on the basis of incomplete, suspicious, or contradictory proofs of address; anonymous tips; correspondence that is returned to the Malden Public Schools because of an invalid or unknown address, or other grounds.

Malden Public Schools may request additional documentation, may use the assistance of the School Department's Supervisor of Attendance and/or may obtain the services of police or investigative agency personnel to conduct investigations into a student's residence.

Upon an initial determination by Malden Public Schools that a student is actually residing in a city or town other than Malden, the student's enrollment shall be terminated immediately.

PENALTIES

In addition to termination of enrollment and the imposition of other penalties permitted by law, (M.G.L Chapter 76, Section 5), Malden Public Schools reserves the right to recover restitution based upon the costs of educational services provided during the period of non-residency.



Malden Public Schools Student Health Information

Student's Name _____ DOB _____ Gender _____ Grade _____ HR _____

Address _____ Is English spoken at home? _____ If NO, _____

Parent/Guardian #1 _____ Home/Cell _____ Work # _____

Parent/Guardian #2 _____ Home/Cell _____ Work # _____

In case of an emergency or illness and we are unable to reach the contacts listed above, please provide 2 alternative contacts who will assume responsibility and transportation:

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Please indicate if your child has any of the following health conditions:

Table with 9 columns: Condition, YES, NO, Condition, YES, NO, Condition, YES, NO. Rows include Anxiety/Depression, ADD/ADHD, Asthma/Inhaler, Bathroom/Toileting, Blood Disorder, Concussion, Allergy to Food, Any Surgeries, Daily Medication, Diabetes, Eating Disorder, Hearing Problems, Heart Condition, Headaches, MEDICAL Condition, Orthopedic/Joint issues, Seizures, Speech Problems, Tuberculosis, Vision Problems, EpiPEN, Allergy to other, Accidents/Injuries.

If you answered YES, please explain: _____

_____ ALLERGY to _____

Does your child have health insurance? YES or NO Private or Public _____

Doctor/Pediatrician _____ Phone _____

DO NOT LEAVE BLANK

PARENT/GUARDIAN AUTHORIZATION (Written Consent is required before any medication is given to your child)

- YES NO 1. I give permission for the school nurse to administer TYLENOL/ACETAMINOPHEN to my child.
YES NO 2. I give permission for the school nurse to administer IBUPROFEN/MOTRIN/ADVIL to my child
YES NO 3. I give permission for the school nurse to administer TUMS (antacid tablets) to my child.
Yes NO 4. I give permission for the school nurse to administer BENADRYL/DIPHENHYDRAMINE HCL to my child

*Medication dosage will be determined by child's weight and age
**Children's chewable and liquid Tylenol/Ibuprofen MUST BE PROVIDED BY PARENT Not kept in stock

I give permission for the school nurse to share information relevant to my child's health 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 physician for the purpose of referral and diagnosis and treatment. YES NO

PARENT/GUARDIAN SIGNATURE _____ DATE _____

For office use only: Nurse Review _____ (2020)

Malden Public Schools Early Learning Center
TUITION CONTRACT for 2020-2021
PLEASE READ, INITIAL, AND SIGN BELOW

- You will be charged tuition for school days, not school vacations & holidays. All tuition payments must be received by the 23rd of the previous month, otherwise a late fee of \$20.00 will be charged if tuition is not received on time. **initial** ____
- No reduction in tuition is given for days in which your child has signed up and does not attend or for school closings due to inclement weather. School closings due to inclement weather will be made up in June based on the district's calendar. **initial** ____
- Should you become more than one month in arrears, you will be asked to take your child out of our program UNLESS other financial arrangements have been approved. The tuition manager will first approve all financial arrangements. **initial** ____
- Withdrawal requires 4 weeks written notice starting on the last day of the month. If you withdraw your child before the end of the month, tuition will not be refunded. You are responsible for all tuition costs up until the time you notify the office of your child's withdrawal. **initial** ____
- Please note that once your child is registered there will be a \$25.00 administrative fee for any change made to your child's schedule including before school. **initial** _____
- Students that are picked up late will be charged \$17.00 per day. All cost will be added to your child's tuition. **Initial** _____
- Also if you withdraw and return during the school year before May 2021 a \$150.00 re-registration fee will be charged. May & June 2021 re-registration is not an option. **initial** _____

By signing below, you accept and agree to the terms of this tuition contract. Please sign below and return with your child's registration form in order to complete application.

You can either print out sign and upload or mail to the ELC 257 Mountain Ave.

PLEASE SIGN BELOW AND RETURN THE CONTRACT

I agree to adhere to the above tuition policy for the 2020/2021 school year.

Date: _____

Child's Name: _____

Parents Name: (Please Print) _____

Parents Signature: _____

Address: _____ **Phone #:** _____

