

# Hadley Early Childhood Program Enrollment Form

## Child

### Information:

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Primary Language: \_\_\_\_\_

### Child's Identifying Information:

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_ Allergies: \_\_\_\_\_

### Parent/Guardian Information:

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Name and Address:  
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Hours at Work: \_\_\_\_\_

### Parent/Guardian Information:

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Name and Address:  
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Hours at Work: \_\_\_\_\_

Has your child been evaluated for special education services? \_\_\_\_\_ If yes, where \_\_\_\_\_.

Where applicable, which parent has custody of the child to be enrolled? \_\_\_\_\_

**PLEASE SEE REVERSE SIDE**

### Enrollment Priorities:

Children who meet certain criteria are given enrollment priority. Please check below all of the conditions that affect your child and family.

Child to be enrolled has been evaluated and has special needs.  Child of Teen Parent

Low Income Homeless  Child in FosterCare

Guardian Parent has Special Needs  Child of Military Personnel

Child in Care of Grandparent

**The full-day hours are 8:30-2:45/3 The half-day students attend from 8:30-11:15  
Morning students have the option to stay for lunch with a 12:15 dismissal.**

Please indicate class preference by numbering 1-3.

Five Mornings  Three Mornings

FourMornings  Two Mornings

If you are not requesting five days, please indicate your preferred days:

\_\_\_\_\_

Will your child stay for lunch?  No  Yes Please indicate which days:

\_\_\_\_\_

Please indicate class preference by numbering 1-3

Five Full-days  Three Full-days

Four Full-days  Two Full-days

If you are not requesting five days, please indicate your preferred days:

\_\_\_\_\_

Does your child have a nickname? \_\_\_\_\_

How would you like your child's name to appear on his/her cubby, attendance board, etc.

**Hadley Early Childhood Program**  
**21 River Dr.**  
**Hadley, MA 01035**  
**Tel: 413-582-0027**

Dear Families,

All of us at Hadley Preschool are excited to begin the enrollment period for the 2022-2023 school year. Our program is located in Hadley Elementary School. The program offers full and part-time options. Full-day classes meet from 8:30-2:45/3; half-day classes meet from 8:30-11:15. Families may also extend their half-day sessions to 12:15 for a lunch bunch option.

The following rates are for the school year and the tuition amount is divided into nine monthly payments:

|                 |            |                 |            |
|-----------------|------------|-----------------|------------|
| Five Full-days  | \$6,767.50 | Five Half-days  | \$3,383.75 |
| Four Full-days  | \$5,723.50 | Four Half-days  | \$2,861.75 |
| Three Full-days | \$4,292.50 | Three Half-days | \$2,146.25 |
| Two Full- days  | \$2,861.75 | Two Half-days   | \$1,431.25 |

Families from other communities may enroll a child if space is available. The tuition rate is slightly higher for out of district students.

A \$100 deposit is required upon enrollment. If you have indicated that your family is low income on the enrollment form, or if she/he has a documented developmental delay, you will not be required to place a deposit to enroll your child.

Please visit our website to download and print the forms. Please complete all forms prior to your registration appointment. This includes all of the enrollment forms, proof of child's birthdate, and a deposit of \$100. After the enrollment dates all children will be enrolled on a first come first served basis. If your child attended this program in 2021-2022 there is no need to send another proof of birthdate. Applications will not be processed until **all** paperwork has been completed and returned. This includes a current physical and proof of immunization forms as well as the \$100 deposit.

Families who wish to pay the tuition rate for Hadley residents, must provide proof of residency.

If you have any questions, please feel free to call the preschool number at (413) 582-0027 or email me at [lwenner@hadleyschools.org](mailto:lwenner@hadleyschools.org). We look forward to hearing from you!

Sincerely,

Lauren Wenner  
Preschool Coordinator/Teacher

# HADLEY PUBLIC SCHOOLS

## STUDENT ENROLLMENT FORM 2022-2023

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade Enrolling: \_\_\_\_\_

**Hadley Elementary School**  
 21 River Drive  
 Hadley, Massachusetts 01035  
 (413) 584-5011 | fax (413) 582-6457

**Hopkins Academy**  
 131 Russell Street  
 Hadley, Massachusetts 01035  
 (413) 584-1106 | fax (413) 582-6455

PLEASE PRINT CLEARLY. STUDENT NAME MUST BE THE SAME AS PROOF OF AGE.

### STUDENT IDENTIFICATION

**Student Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Full Middle Name (req'd):** \_\_\_\_\_

**Student Common Name:** \_\_\_\_\_

### BIRTH AND ETHNIC DATA

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **Gender:**  Male  Female  Nonbinary

**Race/Ethnicity (Check all that apply):**  Hispanic  White  Black or African American  Asian

American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander

**City of Birth:** \_\_\_\_\_

**State of Birth:** \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_

### IMMIGRATION AND LANGUAGE DATA

*Please complete the following as required by the Massachusetts Department of Education.*

**Student's Country of Origin:** \_\_\_\_\_  
*(Country from which immigrant children have emigrated.)*

**Immigrant Status (Check if applicable)**

An indication of whether a student is eligible for the Emergency Immigrant Education Program is, the student must not have been born in any State (any of the 50 states, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the Virgin Islands, the Northern Mariana Islands, or the territory of the Pacific Islands) and not having completed 3 full academic years of school in any state.

**Migrant Status (Check if applicable)**

An indication of whether an individual or a parent/guardian accompanying an individual maintains primary employment in one or more agricultural or fishing activities on a seasonal or other temporary basis and establishes a temporary residence for the purpose of employment.

**Student's Primary Language:** \_\_\_\_\_  
*(Native language is the specific language or dialect first learned by an individual or first used by the parent/guardian with a child.)*

**PREVIOUS SCHOOL INFO****Previous School:** \_\_\_\_\_**Previous District:** \_\_\_\_\_**Previous City:** \_\_\_\_\_**If student's previous school was not in the US, has your child ever attended school in the US and if so, how many months total?**  
\_\_\_\_\_**STUDENT RESIDENCE****Student Address:** \_\_\_\_\_**City:** \_\_\_\_\_ **State: MA** **Zip Code:** \_\_\_\_\_**STUDENT MAILING ADDRESS** Mailing Is Same as Residence**Student Address:** \_\_\_\_\_**City:** \_\_\_\_\_ **State: MA** **Zip Code:** \_\_\_\_\_**PARENT/GUARDIAN INFORMATION***(\* Indicates contact information used for school alerts and attendance notifications by email, phone and text. Please notify us if you would like to use alternate information.)***Parent/Guardian 1:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_Has legal custody of student  **Yes**  **No****Home Phone:** ( ) \_\_\_\_\_ **\*Cell Phone:** ( ) \_\_\_\_\_**Work Phone:** ( ) \_\_\_\_\_ **\*Email:** \_\_\_\_\_**P/G 1 Address:** \_\_\_\_\_**City:** \_\_\_\_\_ **State: MA** **Zip Code:** \_\_\_\_\_ Mailing Is Same as Residence **OR** Mailing Address, City, State, Zip Code: \_\_\_\_\_**Parent/Guardian 2:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_Has legal custody of student  **Yes**  **No****Home Phone:** ( ) \_\_\_\_\_ **\*Cell Phone:** ( ) \_\_\_\_\_**Work Phone:** ( ) \_\_\_\_\_ **\*Email:** \_\_\_\_\_

Information is the same as P/G 1

**P/G 2 Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** MA **Zip Code:** \_\_\_\_\_

Mailing Is Same as Residence

**OR** Mailing Address, City, State, Zip Code: \_\_\_\_\_

**EMERGENCY CONTACTS** *(Other than Parent/Guardian)*

**Emergency Contact 1:**

\_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_

**Cell Phone:** ( ) \_\_\_\_\_

**Work Phone:** ( ) \_\_\_\_\_

**Comment:**

**Emergency Contact 2:**

\_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_

**Cell Phone:** ( ) \_\_\_\_\_

**Work Phone:** ( ) \_\_\_\_\_

**Comment:**

**Emergency Contact 3:**

\_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_

**Cell Phone:** ( ) \_\_\_\_\_

**Work Phone:** ( ) \_\_\_\_\_

**Comment:**

**Emergency Contact 4:**

\_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_

**Cell Phone:** ( ) \_\_\_\_\_

**Work Phone:** ( ) \_\_\_\_\_

**Comment:**

**STUDENT SERVICES**

Has your student been screened/evaluated for Special Education or received any testing or services?

**Yes.**

**Please check if your child has an:**     **IEP**     **504**

**No,** student has not been screened/evaluated for Special Education or received any testing or services.

**Please note here if student has siblings enrolled in Hadley Public Schools:**

| <b>Sibling Name</b> | <b>Grade 2022-2023</b> |
|---------------------|------------------------|
| 1.                  |                        |
| 2.                  |                        |
| 3.                  |                        |
| 4.                  |                        |

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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Updated - April 5, 2022 \_W

# HADLEY PUBLIC SCHOOLS

## Proof of Age

**Hadley Elementary School**  
21 River Drive  
Hadley, Massachusetts 01035  
(413) 584-5011 | fax (413) 582-6457

**Hopkins Academy**  
131 Russell Street  
Hadley, Massachusetts 01035  
(413) 584-1106 | fax (413) 582-6455

PLEASE PRINT CLEARLY.

|                                      |
|--------------------------------------|
| <b>Student Name:</b> _____           |
| <b>Date of Birth:</b> ____/____/____ |
| <b>City of Birth:</b> _____          |

Please select proof of age document presented at enrollment:

- Birth Certificate
- Religious, hospital, or physician's certificate showing date of birth
- An entry in a family bible
- An adoption record
- An affidavit from a parent;
- Previously verified school records
- Other: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

|                               |
|-------------------------------|
| <b>Staff Signature:</b> _____ |
| <b>Date:</b> ____/____/____   |



## HADLEY PUBLIC SCHOOLS ENROLLMENT AND PROOF OF RESIDENCY

**Before any student is enrolled in the Hadley Public Schools, the student's parent or legal guardian\* must prove legal residence in the Town of Hadley.** Families whose primary residence is outside of Hadley are not eligible to attend the Hadley Public Schools. (This policy does not apply to the School Choice program.)

Required for enrollment are:

- Documentation proving date of birth
- A physical examination by a physician performed within 12 months of the student's start date at our school, including up-to-date immunizations
- All applicants must submit at least **three proofs of residency**

The documents must be pre-printed with the name and address of the student's parent or guardian\*. When registering a student for kindergarten, the Principal will confirm residency. When entering the Hadley Public Schools at any other grade level, the **three residency** documents must be presented to the building principal. These documents also will be required for any **change of address**.

| <b>All applicants must submit at least one document from each of the following columns:</b>                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Column A</b>                                                                                                                                                                                                                                                     | <b>Column B</b>                                                                                                                                                                                                                                                                                                                   | <b>Column C</b>                                                                                                                                                                                                                                                                                                                                                                                                        |
| <ul style="list-style-type: none"> <li>• Copy of Deed AND record of most recent mortgage payment</li> <li>• Copy of Lease AND record of most recent payment</li> <li>• Legal affidavit from landlord affirming tenancy AND record of most recent payment</li> </ul> | <p style="text-align: center;"><i>A utility bill or work order dated</i><br/><b>within the past 60 days, including:</b></p> <ul style="list-style-type: none"> <li>• Gas Bill</li> <li>• Oil Bill</li> <li>• Electric Bill</li> <li>• HOME telephone bill (not cell phone)</li> <li>• Cable Bill</li> <li>• Water Bill</li> </ul> | <ul style="list-style-type: none"> <li>Valid driver's license</li> <li>Current vehicle registration</li> <li>Valid MA photo identification card</li> <li>Valid passport</li> <li><b>Dated within past year:</b></li> <li>W-2 form</li> <li>Excise (vehicle) tax bill</li> <li>Property tax bill</li> <li><b>Dated within the past 60 days.</b></li> <li>Payroll stub</li> <li>Bank or credit card statement</li> </ul> |

**\*Legal guardianship (Physical Custody) requires additional documentation from a court or agency.**

This residency policy does not apply to homeless students.  
Report residency fraud! You will remain anonymous - call 413-586-0822

**\*\*PLEASE MAKE A COPY OF EVERY DOCUMENT SUBMITTED\*\***

## Hadley Public Schools Home Language Survey

### 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                                                                                                                                                    |                                                                                                                                                                                                                                |                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| _____<br>First Name                                                                                                                                                    | _____<br>Middle Name                                                                                                                                                                                                           | _____<br>Last Name                                                    |
|                                                                                                                                                                        |                                                                                                                                                                                                                                | Gender    F <input type="checkbox"/> M <input type="checkbox"/>       |
| _____<br>Country of Birth                                                                                                                                              | ____/____/____<br>Date of Birth (mm/dd/yyyy)                                                                                                                                                                                   | ____/____/____<br>Date first enrolled in ANY U.S. school (mm/dd/yyyy) |
| School Information                                                                                                                                                     |                                                                                                                                                                                                                                |                                                                       |
| ____/____/20____<br>Start Date in New School (mm/dd/yyyy)                                                                                                              | _____<br>Name of Former School and Town                                                                                                                                                                                        | _____<br>Current Grade                                                |
| Questions for Parents/Guardians                                                                                                                                        |                                                                                                                                                                                                                                |                                                                       |
| What is the primary language used in the home, regardless of the language spoken by the student?<br><br>_____                                                          | Which language(s) are spoken with your child?<br>(include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers)<br><br>_____ seldom / sometimes / often / always<br>_____ seldom / sometimes / often / always |                                                                       |
| What language did your child first understand and speak?<br><br>_____                                                                                                  | Which language do you use most with your child?<br><br>_____                                                                                                                                                                   |                                                                       |
| How many years has the student been in U.S. Schools? (not including pre-kindergarten)<br><br>_____                                                                     | Which languages does your child use? (circle one)<br><br>_____ seldom / sometimes / often / always<br>_____ seldom / sometimes / often / always                                                                                |                                                                       |
| Will you require written information from school in your native language?    Y <input type="checkbox"/> N <input type="checkbox"/><br><br>If yes, what language? _____ | Will you require an interpreter/translator at Parent-Teacher meetings?    Y <input type="checkbox"/> N <input type="checkbox"/><br><br>If yes, what language? _____                                                            |                                                                       |
| Parent/Guardian Signature:<br><br>X                                                                                                                                    | ____/____/20____<br>Today's Date: (mm/dd/yyyy)                                                                                                                                                                                 |                                                                       |

# HADLEY PUBLIC SCHOOLS MILITARY FAMILY STATUS FORM

**Hadley Elementary School**  
21 River Drive  
Hadley, Massachusetts 01035  
(413) 584-5011 | fax (413) 582-6457

**Hopkins Academy**  
131 Russell Street  
Hadley, Massachusetts 01035  
(413) 584-1106 | fax (413) 582-6455

In May 2012, as part of the VALOR Act, Massachusetts joined other states as part of the Interstate Compact on Educational Opportunity for Military Children. This information is being requested by the State and districts across the Commonwealth are being asked to report on this information.

Student Name: \_\_\_\_\_

Grade & Homeroom: \_\_\_\_\_

Are you (the parent/guardian) currently a member of the military?     Yes                       No

If yes, what branch? \_\_\_\_\_

Are you active duty?  Yes                                       No

National Guard Reserve?  Yes                                       No

Are you a veteran?  Yes                                       No

Were you medically discharged?  Yes                                       No

Did a parent/guardian of the above named student pass away while on active duty?  Yes                                       No

Parent/Guardian(s) Name: \_\_\_\_\_

Parent/Guardian(s) Signature: \_\_\_\_\_

For more information, please visit <http://www.mic3.net/>.

Updated 3/2016

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## Early Childhood Education Experience Survey

Please check next to the option that best describes your child's preschool experience in the school year prior to entering Kindergarten. Select one option only, and indicate hours where applicable. Thank you!

Name of child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

My child did not have any formal early childhood program experience

My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.

My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.

My child did not have formal early childhood program experience but participated in **BOTH Coordinated Family and Community Engagement (CFCE) AND Parent Child Home Program (PCHP)** services.

My child attended a Licensed Family Child Care Provider (indicate hours below)

\_\_\_ for less than 20 hours per week

\_\_\_ for 20+ hours per week

My child attended a Center Based Program (indicate hours below)

\_\_\_ for less than 20 hours per week

\_\_\_ for 20+ hours per week

My child attended **BOTH a Licensed Family Child Care Provider AND a Center Based Program (indicate hours below)**

\_\_\_ for less than 20 hours per week

\_\_\_ for 20+ hours per week

*Definitions:*

***Coordinated Family and Community Engagement (CFCE) Services:*** locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent-child activities).

***Parent Child Home Program (PCHP):*** home visiting model program funded through the Department of Early Education and Care.

***Licensed Family Childcare:*** refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families.

***Center-Based Care:*** refers to care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools.