

Welcome to Kindergarten 2023-2024!

When returning your completed registration packet to Amesbury Elementary School, please include the following:

- Original Birth Certificate** - the original certificate will NOT be retained by the district
- Medical Records** - including proof of up to date immunization records and recent physical examination
- Proof of Custody** (if necessary) - Legal guardianship requires additional documentation from a court or agency.
- Proof of Residency (or an approved school choice form)** - Required documents are listed below. These documents must be original, not photocopied, and be pre-printed with the name and address of the student's parent or legal guardian. If these documents can't be provided to the school you will need to complete an additional form requiring notarization. Please contact the registrar to request this form. Depending on each individual situation, additional documentation may also be required. In some cases, you may be referred to the Office of the Superintendent of Schools.

Proof of Residency/Identity:

You must provide ONE of the following to prove identity:	You must provide ONE of the following to prove residency:	You must provide at least TWO of the following to prove residency:
<ul style="list-style-type: none"> <input type="checkbox"/> Valid Driver's License / Real I.D. <input type="checkbox"/> Valid Massachusetts Photo Identification Card <input type="checkbox"/> Valid Passport 	<ul style="list-style-type: none"> <input type="checkbox"/> Property Deed or Current Mortgage Payment or Property Tax Bill <input type="checkbox"/> Fully signed and executed Purchase and Sale Agreement (occupancy date must fall within 30 days of enrollment) <input type="checkbox"/> Notarized letter from builder or realtor <input type="checkbox"/> Fully signed and executed Lease/Rental Agreement 	<ul style="list-style-type: none"> <input type="checkbox"/> Telephone Bill* (landline only - wireless not acceptable) dated within past 60 days <input type="checkbox"/> Gas/Oil Bill* dated within past 60 days <input type="checkbox"/> Electric bill* dated within past 60 days <input type="checkbox"/> Cable bill* dated within past 60 days <input type="checkbox"/> Water Bill <input type="checkbox"/> Bank Statement <input type="checkbox"/> Voter Registration Record from Town Hall <input type="checkbox"/> Payroll stub dated within the past 30 days

Once we have received the complete registration, we will email you to book an appointment for your child's screening.

You can drop off the packet to the office Monday through Friday, 8:00am- 2:00pm.

You can also mail in the information, and we will call you to make an appointment once we receive your complete registration.

Amesbury Elementary School
20 South Hampton Road
Attention: Main Office
Amesbury, MA 01913

If you have any questions, Please call 978-388-3659



Amesbury Public Schools
5 Highland St.
Amesbury, MA 01023
(978)388-0507

Elizabeth McAndrews
Superintendent of Schools
Joan Liporto
Director of Finance and Operations
Dr. Lynn Catarius
Director of Student Services
Lyn Jacques
Director of Teaching and Equity

STUDENT DATA

Legal First Name:	Preferred First Name:	Full Middle Name:
Last Name:		Date of Birth:
Address:	City:	State:
City/State/Country of Birth:		Gender:
Preferred Pronouns:		Grade:

Parent/Guardian Information

Parent/Guardian Name:	Relationship:
Primary Phone:	Email:
Parent/Guardian Name:	Relationship:
Primary Phone:	Email:

School Last Attended:	Siblings Name(s)/D.O.B:
City/State:	

Who does the student live with? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	Who has legal custody of this student? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____
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Special Services:

Is the student currently accessing the curriculum with any of the following?

Individualized Education Plan (IEP) 504 Plan English Language Services Title 1 Other _____

Ethnicity & Race:

Ethnic Background: No, not Hispanic or Latino Yes, Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

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 Islanders: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

The answers you provide to the following questions help us to determine if you or your family may be eligible for supplemental services and/or immediate enrollment

<p>Where is the student currently living?: (Please check <u>ONE</u>)</p> <p><input type="checkbox"/> In permanent housing <input type="checkbox"/> In a shelter with another family or person (sometimes referred to as "doubled-up")</p> <p><input type="checkbox"/> In a hotel/motel <input type="checkbox"/> In a car, park, bus, train, or campsite <input type="checkbox"/> Other temporary living situation (please describe): _____</p> <p>_____</p> <p>Military Family Status - Students who are children of:</p> <p><input type="checkbox"/> Active duty members of the uniformed services, National Guard and Reserve on active duty orders</p> <p><input type="checkbox"/> Members or veterans who are medically discharged or retired within one year</p> <p><input type="checkbox"/> Members who die on active duty</p>	<p>In the past 3 years, have you or someone you lived with:</p> <p>A. Moved from one city or country to another city? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Worked or looked for work in any of the following areas? Please check if yes:</p> <p><input type="checkbox"/> Fish/Shellfish Processing <input type="checkbox"/> Farm Work (including tobacco)</p> <p><input type="checkbox"/> Vegetable/Fruit/Meat Processing <input type="checkbox"/> Dairy Industry <input type="checkbox"/> Plant Nursery</p>
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Parent/Guardian Signature: _____ Date: _____



Amesbury Public Schools
 8 Highland St.
 Amesbury, MA 01913
 (978)386-0507

Elizabeth McAndrews
 Superintendent of Schools
 Joan Liporto
 Director of Finance and Operations
 Dr. Lynn Catarius
 Director of Student Services
 Lyn Jacques
 Director of Teaching and Equity

PARENT / GUARDIAN / EMERGENCY CONTACT INFORMATION

Student Name: _____ **Date of Birth:** _____
 (First) (Middle) (Last)

Who has legal custody of this student? Both Parents Mother Father Other _____

CONTACT 1:

CONTACT 2:

Name: _____
 Address: _____
 Home Phone: _____ Work: _____
 Cell: _____ Relationship: _____
 Primary Email: _____
 Does this contact live with the student? Yes No
 This contact may pick up the student Yes No

Name: _____
 Address: _____
 Home Phone: _____ Work: _____
 Cell: _____ Relationship: _____
 Primary Email: _____
 Does this contact live with the student? Yes No
 This contact may pick up the student Yes No

In the event contacts #1 and #2 cannot be reached please list an additional 2 contacts below:

CONTACT 3:

CONTACT 4:

Name: _____
 Address: _____
 Home Phone: _____ Work: _____
 Cell: _____ Relationship: _____
 This contact may pick up the student Yes No

Name: _____
 Address: _____
 Home Phone: _____ Work: _____
 Cell: _____ Relationship: _____
 This contact may pick up the student Yes No

Parent/Guardian Signature: _____ **Date:** _____



Amesbury Public Schools
 3 Highland St.
 Amesbury, MA 01813
 (978)388-0202

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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 _____	Last Name _____
Country of Birth _____	Date of Birth _____ (mm/dd/yyyy)	Date first enrolled in ANY US school _____ (mm/dd/yyyy)

School Information

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

What is the primary language used in the home, regardless of the language spoken by the student? _____	Which language(s) are spoken with your child? (include relatives - grandparents, uncles, aunts, etc. - 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? _____
How many years has the student been in U.S. Schools? (not including pre-kindergarten) _____	Which language(s) does your child use? _____ seldom / sometimes / often / always
Will you require written information from school in your native language? If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? If yes, what language? _____
Parent/Guardian Signature _____	Today's Date (mm/dd/yyyy) _____

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)

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 child 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.



Early Screening Inventory-RevisedTM Meisels et al. Parent Questionnaire

Date _____

CHILD INFORMATION

CHILD'S NAME _____ Male Female

HOME ADDRESS Street _____ Apt _____

City _____ State _____ Zip _____

Phone (_____) _____ Date of Birth _____

Who is completing this Name _____
Parent Questionnaire?

Relationship to child _____

FAMILY

With whom has the child lived for most of the past year? _____

Other children in the family – How many older? _____ How many younger? _____

Other people living in the household _____

What language(s) are spoken at home? English Other (specify) _____

PRESCHOOL/CHILD CARE HISTORY

Has your child attended preschool/child care before? Yes No

If yes, for how long? 6 months 1 year 2 years more than 2 years

Name of child's present or most recent school _____

PEARSON

PsychCorp is an imprint of Pearson Clinical Assessment.

Pearson Executive Office 5601 Green Valley Drive Bloomington, MN 55437
800.627.7271 www.PsychCorp.com



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Product Number 1572120835

MEDICAL HISTORY**Birth**Were there any significant problems during pregnancy? Yes No

If yes, please explain:

Was your child more than 3 weeks premature? Yes No

If yes, how many weeks premature? _____

Baby's birth weight _____

Did the baby stay in the hospital longer than the mother? Yes No

If yes, please explain:

At the time of birth, did the baby — have seizures Yes Noturn 'blue? Yes No**Child's Health Since Birth****EYES**Has your child ever had trouble seeing? Yes NoDoes your child hold books and objects close to his or her face? Yes NoHave your child's eyes ever looked crossed? Yes NoHave you ever suspected that your child has vision problems? Yes No

If yes, please explain:

EARSHas your child had frequent ear infections? Yes NoHas your child ever had trouble hearing? Yes NoHave you ever suspected that your child has hearing problems? Yes No

If yes, please explain:

COORDINATIONHas your child ever had trouble walking, climbing, reaching, holding on to things? Yes No

If yes, please explain:

MEDICAL HISTORY (continued)

Child's Health

Since Birth continued

Has your child ever had any significant injuries or hospitalizations?

Yes No

If yes, please explain:

Does your child have allergies?

Yes No

If yes, please explain:

Is your child presently on any medications?

Yes No

If yes, please explain:

Please describe any other health concerns:

Yes No

SOCIAL, EMOTIONAL, AND SELF-HELP SKILLS

Can your child — feed him or herself using a spoon and/or a fork?

Yes No

wash and dry his or her own hands?

Yes No

help with dressing or dress with little assistance?

Yes No

stay with a babysitter?

Yes No

speak so that he or she can be understood by others?

Yes No

express his or her thoughts and needs easily?

Yes No

Do you have any concerns about your child's appetite or willingness to try different foods?

Yes No

If yes, please explain:

Do you have any concerns about your child's sleeping patterns (going to bed with difficulty or waking often during the night)? Yes No

If yes, please explain:

Is your child — highly active? Yes No

very quiet? Yes No

Is your child — toilet trained during the day? Yes No

in need of help with toileting? Yes No

Does your child — play with blocks, boxes, cups, or other construction toys without help? Yes No

use crayons and/or markers to scribble or draw? Yes No

listen to stories being read? Yes No

turn pages of a book and look at pictures? Yes No

recall stories or events? Yes No

enjoy playing alone or with imaginary friends? Yes No

talk with your friends/relatives who come to visit? Yes No

follow simple, age-appropriate directions? Yes No

What are your child's favorite activities?

Does your child have opportunities to play with other children? Yes No

How many hours a day does your child spend watching TV? _____

Does he or she sit very close to the TV? Yes No

Does he or she turn up the volume very high? Yes No

Are there other things you would like to tell us about your child?

♥ Welcome to Kindergarten

Immunizations Necessary for Kindergarten Entry

3 doses of Hep B

5 doses of DTaP

4 doses of Polio

2 doses of MMR

2 doses of Varicella

DTaP = Diphtheria, Tetanus, and Pertussis

MMR = Measles, Mumps, and Rubella

Varicella = Chicken pox Virus

Don't Wait, Vaccinate

For more information, contact your health care provider
or the MDPH Immunization Program:

Massachusetts Department of Public Health Immunization Program

Main Number (617) 983-6800 or Toll-Free 888-658-2850

Visit our Website at: www.mass.gov/dph/imm