



The Little Lancers Preschool

at J.C. Solmonese Elementary School
Norton Public Schools

315 WEST MAIN STREET | NORTON, MASSACHUSETTS 02766
TELEPHONE: 508-285-0120 | FAX: 508-285-0130

Mrs. Ann Marie Baker
Early Childhood Coordinator & Assistant Principal

Mrs. Riitta Bolton
Principal

Welcome to the Little Lancers Preschool!

Please find a checklist for registration. Please complete ALL items and return to the Norton Public Schools Superintendent's Office, 64 West Main Street, Norton, MA to complete your registration.

1. _____ Norton Public Schools **Registration Form**
2. _____ **Proof of Residency & Documentation** (utility bill, lease, etc.)
3. _____ **Home Language Survey**
4. _____ **Health Record** (*Physical, immunization record, lead test, Dr. orders for medicines/treatments to be administered at school*)
5. _____ **Birth Certificate** issued by the town or state
6. _____ **Developmental and Social History** form
7. _____ **ASQ-SE 2 and ASQ-3** Screening documents
8. _____ **Photo/Videotape Release**
9. _____ If applicable, one month's tuition to hold your child's spot
(*Check/Money Order payable to N.P.S. Early Childhood and paid at the Superintendent's Office, 64 West Main Street, Norton, MA 02766. This deposit will be applied to the first month's tuition*)
10. _____ **Consent to Release/Obtain Confidential Information**
(*ONLY if your child has attended another preschool and/or daycare prior to enrollment in Little Lancers Preschool*)
11. _____ **Completed Child Outcome Summary Questionnaire**
12. _____ **Signed and returned IEP** (if applicable) to the school/Team Chairperson, if your child is attending preschool with an IEP
13. _____ **Completed Transportation Forms ONLY** if your child requires transportation per their IEP

It is the policy of Norton Public Schools to provide a learning environment free from discrimination or harassment. All students, regardless of race, color, sex, religion, national origin, limited English proficiency, sexual orientation, gender identity, disability, or housing status, have equal access to all programs including athletics and other extracurricular activities.



NORTON PUBLIC SCHOOLS

Student Registration

Date: _____

Student Information	<i>Please Print</i>	GRADE ENTERING: _____
Student's Last Name	SASID:	
Student's First Name		
Student's Middle Name	<small>(Enter <i>NMN</i> if Student Has No Middle Name)</small>	
Street Address	Apt #	
City, State Zip Code		
Primary Contact Phone		
Sex (Circle One)	Female Male Non-Binary	
Birth Date (Month / Day / Year)		
School (Circle One)	JCS LGN HAY NMS NHS	
Place Of Birth		
State of Birth		
First Language		
Country Of Origin		
Race (You May Circle More Than One)	01 White	04 American Indian Or Alaska Native
	02 Black Or African American	05 Native Hawaiian Or Other Pacific Islander
	03 Asian	
Ethnicity (Circle One)	No, Not Hispanic Or Latino	Yes, Hispanic Or Latino
Baby Sitter/Day Care (If Applicable)	Name:	Phone:
Does your child have an Individualized Ed. Plan or 504 Plan? (Circle One)	IEP 504 Plan No Plan	
Student's Physician		
Student's Dentist		
Is your child covered by health insurance? (Circle One)	Yes No	
Please list other family members enrolled in Norton Public Schools		

Parent/Guardian Contact Information	Father/Guardian 1	Mother/Guardian 2
Name		
Cell Phone		
Email		
Employer		
Business/Work Phone		
Pupil Lives With (Circle One)	Both Parents Father Mother	Guardian
Custodial Issues (Circle One)	Yes No	<small>If there are any legal issues concerning custodial / parental rights, please explain on the reverse side.</small>
Release Only To:		

Emergency Contact Information	Emergency Contact 1	Emergency Contact 2
Name		
Relationship		
Emergency Phone		

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Norton Public Schools

Verification of Residency

STUDENT'S NAME _____
[Last] [First] [Middle Initial]

RESIDENCE _____
[House Number/Street] [Apartment #] [Zip Code]

DATE OF BIRTH _____
[Month] [Day] [Year]

THE ABOVE-LISTED STUDENT IS REGISTERING AT -

[Check One]

- L. G. Nourse Elementary School
- H. A. Yelle Elementary School
- Norton High School
- J. C. Solmonese Elementary School
- Norton Middle School

VERIFICATION OF RESIDENCY

I UNDERSTAND THAT A STUDENT MUST RESIDE IN NORTON TO ATTEND THE NORTON PUBLIC SCHOOLS. AS THE ADULT WITH WHOM THIS STUDENT IS RESIDING AT THE ADDRESS SHOWN ABOVE, I HEREBY CERTIFY THAT I AM THE STUDENT'S

[Please Check Relationship Below]

- PARENT
- LEGAL GUARDIAN
- OTHER RELATION

[PLEASE SPECIFY]

I AGREE TO NOTIFY SCHOOL AUTHORITIES OF ANY CHANGE OF ADDRESS WITHOUT DELAY.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY THIS --

_____ day of _____, _____
[Date] [Month] [Year]

PRINT NAME

SIGNATURE

TYPE OF RESIDENCY PROOF ACCEPTED

- PURCHASE AND SALES AGREEMENT
- UTILITY RECEIPT
- REAL ESTATE TAX BILL
- RENT RECEIPT
- OTHER DOCUMENTATION

[Please Specify]

Date

School Staff Person Accepting Proof of Residency

- REFERRED TO ATTENDANCE OFFICER

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Norton Public School

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 _____	Gender: F <input type="checkbox"/> M <input type="checkbox"/>
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) _____ / ____ / 20____	Name of Former School and Town _____		Current Grade _____
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 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"/> If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____		
Parent/Guardian Signature: X _____	Today's Date: _____ / ____ / 20____ (mm/dd/yyyy)		

To be completed by ELL Program Staff Before Placement:

Date /School Enrollment:	Student's First Name	Student's Last Name	Age	Birth date	Grade
				/ /	
Relationship of Person Completing Survey: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other Specify: _____				Number of Years Student in USA: _____	
Recommendation: <input type="checkbox"/> Proficiency Testing/Records Review <input type="checkbox"/> No ELL Services				Signature of ELL Staff: _____	

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Early Childhood Coordinator & Assistant Principal

Mrs. Riitta Bolton
Principal

Photo and Video Release

Dear Parents/Guardians:

Throughout the year, children at the J.C. Solmonese Elementary School may participate in special occasions or projects either within their classrooms or school-wide. This often brings the Norton Cable Station and local newspapers into the school to report on the news worthy events. The children become very excited at the prospect of appearing in the local newspaper or on the school's social media accounts.

By granting general permission, in advance, you are simply allowing for your child to be photographed or videotaped by the school staff, the principal, the local newspaper, or local cable station throughout the year. If for any reason you do not wish for your child to be photographed or videotaped, please indicate below.

Student's Name: _____

Teacher's Name: _____

Parent Signature: _____

_____ My child may be photographed and/or videotaped.

_____ My child MAY NOT be photographed and/or videotaped.



NORTON PUBLIC SCHOOLS

STUDENT TRANSFER RELEASE OF RECORDS

Student's Name

Date of Birth

Request Date

[Last]

[First]

[Middle]

REASON FOR RELEASE OF RECORDS

THE ABOVE-LISTED STUDENT IS TRANSFERRING (CIRCLE ONE) **TO -** **FROM -**

[Check One School]

L. G. Nourse Elementary School

38 Plain Street
Norton, MA 02766
Phone [508] 285 - 0110
Fax [508] 285 - 0109

H. A. Yelle Elementary School

64 West Main Street
Norton, MA 02766
Phone [508] 285 - 0190
Fax [508] 285 - 0187

Norton High School

66 West Main Street
Norton, MA 02766
Phone [508] 285 - 0160
Guidance [508] 285 - 0164
Fax [508] 286 - 2669

J. C. Solmonese Elementary School

315 West Main Street
Norton, MA 02766
Phone [508] 285 - 0120
Fax [508] 285 - 0130

Norton Middle School

215 West Main Street
Norton, MA 02766
Phone [508] 285 - 0140
Guidance [508] 285 - 0144
Fax [508] 286 - 9457

THE ABOVE-LISTED STUDENT IS TRANSFERRING (CIRCLE ONE) **TO -** **FROM -**

SCHOOL NAME _____

STREET _____

CITY, STATE, ZIP _____

PHONE _____

FAX NUMBER _____

PLEASE FORWARD THE INFORMATION REQUESTED BELOW -

- HEALTH RECORD
- DISCIPLINE RECORD
- GRADES IN PROGRESS
- ATTENDANCE RECORD
- PERTINENT TESTING
- MCAS TEST SCORES [MASSACHUSETTS]
- SASID NUMBER - [MASSACHUSETTS STUDENT ASSIGNED STUDENT IDENTIFIER NUMBER]
- SPECIAL ED ASSESSMENTS AND ED PLAN
- SCHOOL PROFILE OR EXPLANATION OF COURSE LEVELS AND MARKING SYSTEM
- TRANSCRIPT OF ELEMENTARY/MIDDLE SCHOOL GRADES
- TRANSCRIPT OF HIGH SCHOOL GRADES AND ACCUMULATED CREDITS

Your signature below indicates that you have received notice concerning the transfer of the above-named student's records and that you have read the **Notice to Parent/Guardian**.

[See Reverse Side for Student Record Regulations and Parent/Guardian Notice]

[Signature of Parent/Guardian]

[Student's Class/Grade]

[Date]

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Student Record Regulations

Under 603 CMR 23.07(4)(g) consent is not required to forward a transferring student's records to the new school if the school the student is leaving provides notice that it forwards student records to the new school when a student transfers.

Under section 37L of G.L. c.71, any student transferring into a new school district must provide the new district with a "complete school record," including but not limited to, "any incidents involving suspension or violation of criminal acts or any incident reports in which such student was charged with any suspended act." 603 CMR 23.07 allows a school district to release the entire student record of a transferring student to the new school without prior consent, provided that it gives notice that it forwards student records to other school in which the student intends to transfer.

Notice to Parent/Guardian

The student's temporary record, which consists of all information in the student record which is not contained in the transcript, shall be destroyed seven years after the student transfers or withdraws from the school system. This is in accordance with section 23.06 (3) of the Students Rights and Regulations. The transcript or permanent record will be kept for sixty years. You have the right to examine and receive a copy of any or all the information in your child's record at any time prior to its destruction.

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Mrs. Ann Marie Baker
Early Childhood Coordinator & Assistant Principal

Mrs. Riitta Bolton
Principal

Dear Parent/Guardian,

As you prepare to register your child for the Little Lancers Preschool, please keep in mind that there are a few vital pieces of information needed in order to keep accurate health records for all students.

Information about the Commonwealth of Massachusetts vaccination mandates is on the reverse side of this notice. Please include an up to date vaccine list with a copy of your child's physical examination within the past 12 months signed by his/her medical provider. This paperwork is required for registration. If your child will have another exam prior to the start of the school year, please update the paperwork again before school starts. If there is a medical reason that your child will not receive all of the mandated vaccines, your child's doctor must document this for the school medical records.

With regard to medications, I will gladly administer any medications that your child's doctor deems necessary at school. With that in mind, I cannot legally administer any medications without a signed doctor's order. This includes both over the counter and prescription medications, both oral and topical. If your child will require medication administration at school, please contact me for the appropriate paperwork. Many doctors have their own forms which are also acceptable if they are signed by the prescriber. Depending on the medication and your child's diagnosis, there may be additional paperwork to be completed.

When your child comes to school in the fall, please remember that medications cannot travel to or from school with your child. They must be delivered by an adult directly to the nurse, and they must be in the original packaging with a prescription label. If your child needs to have an EpiPen at school, please provide a small bag with a handle, labeled with your child's name and photo if possible, which can be hung on the classroom doorknob. EpiPens travel with your child throughout the school, and training is conducted annually for staff.

If medication will expire before the end of the school year, I will contact you about getting a replacement. On the last day of school, an adult must come to school to retrieve any medications or it will be disposed of. New paperwork and a new supply of medication will be required at the beginning of each school year.

Thank you very much for your assistance. Please don't hesitate to call me if you have any questions or concerns.

Sincerely,

Margaret Brazeau Miller, RN, BSN
School Nurse for J.C. Solmonese Elementary School
Phone Contact: (508) 285-0127



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Mandated Vaccines for All Children Per Commonwealth of Massachusetts Mandates

By Two Years of Age	By Kindergarten	By 7th Grade
3 doses of Hep B	3 doses of Hep B	3 doses of Hep B
4 doses of DTap/DTP	5 doses of DTap/DTP	1 dose of Tdap
3 doses of Polio	4 doses of Polio	3 doses of Polio
4 doses of Hib	2 doses of MMR	2 doses of MMR
1 dose of MMR	2 doses of Varicella	2 doses of Varicella
1 dose of Varicella		

****Also Required****

Proof of Lead Screening for Preschool & Kindergarten
Physician's Vision and Stereopsis Screening for Kindergarten

Please note that **DATES MUST BE PROVIDED FOR ALL IMMUNIZATIONS AND LEAD TESTING** on your child's health record.

For more information on vaccinating your child, contact your child's health care provider or the regional immunization office in your area:

Massachusetts Immunization Program

Main Number: (617) 983-6800

Or Toll Free (888) 658-2850

Southeast Region: (508) 977-3709

Or visit the Department of Public Health website at: www.mass.gov/dph/

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Principal

Dear Parent/Guardian,

This notice explains the tuition payment process for preschool. If you have elected to pay your child's preschool tuition in ten monthly installments instead of one lump sum, payments are due on the first Friday of every month. Enrollment deposits are paid at application and are applied to September's tuition payment. If you have specific questions about your child's monthly tuition rate, please contact Mrs. Ann Marie Baker via phone (508)-285-0120 or by email at abaker@norton.k12.ma.us.

There are two options for families making preschool tuition payments. Families can pay online, or with a check/money order by mail or in person.

Directions for Payment by Check or Money Order: Tuition checks/money orders should be made out to **Norton Public Schools Early Childhood** mailed to the **Superintendent's Office, 64 West Main Street, Norton, MA 02766**. You can also hand-deliver payments to the **Superintendent's Office** weekdays from 8:00am to 4:00pm.

Directions for Online Payment: If you would like to make payments online, please go to the Norton Public Schools website (www.norton.k12.ma.us) and click the tab for QUICKLINKS. Next, select ONLINE FEE PAYMENTS which brings you to the district's UNIPAY Website and the link for Little Lancers tuition payment. Mastercard, Discover, and electronic checks are accepted for payment through UNIPAY.

Unfortunately, we are not able to accept tuition payments at the school at this time.

We appreciate your cooperation with our tuition payment process. If you have any questions or concerns about preschool tuition payments, please contact Mrs. Ann Marie Baker via phone at 508-285-0120 or by email at abaker@norton.k12.ma.us.

Sincerely,

Ann Marie Baker, M.Ed., BCBA
Early Childhood Coordinator for Little Lancers Preschool
Assistant Principal at Joseph C. Solmonese Elementary School



The Little Lancers Preschool

at J.C. Solmonese Elementary School
Norton Public Schools

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Principal

2019-2020 Little Lancers Preschool Options

Age (on 8/31/19)	Program	Time	Current Tuition per month
3 & 4 year olds	3 half days AM	8:30-11:00 (2.5 hours)	\$262.50 (\$2,625.00 per year)
3 & 4 year olds	3 half days PM	12:00-2:30 (2.5 hours)	\$262.50 (\$2,625.00 per year)
3 & 4 year olds	4 half days AM	8:30-11:00 (2.5 hours)	\$315.00 (\$3,150 per year)
3 & 4 year olds	4 half days PM	12:00-2:30 (2.5 hours)	\$315.00 (\$3,150.00 per year)
4 year olds	3 full days	8:30-2:30 (6 hours)	\$441.00 (\$4,410.00 per year)
4 year olds	4 full days	8:30-2:30 (6 hours)	\$472.50 (\$4,725.00 per year)

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Early Childhood Coordinator & Assistant Principal

Mrs. Riitta Bolton
Principal

Dear Preschool Families,

Our district is currently in the process of gathering **CHILD OUTCOME SUMMARY (COS)** data. This is a requirement for all federally funded preschool programs. Part of this process includes collecting ENTRY and EXIT data from a child's family to determine the next steps in program planning. We are beginning to collect ENTRY data at this time.

Please read the descriptions in the three outcome areas on the following page, and consider your child's development at this point in time by assigning them a rating from 1 to 7 for each outcome. If you are not comfortable with assigning your child a rating on any of the three outcome areas, let your child's teacher know. Please complete and return this form as soon as possible. Thank you, in advance, for helping our program meet this federal requirement.

Sincerely,

Ann Marie Baker, M.Ed., BCBA
Early Childhood Coordinator & Assistant Principal



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Child's Name: _____

Person completing form: _____

Child's first day of Preschool (if not the first day of school): _____

COS 1. POSITIVE SOCIAL-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)

- relating to adults
- relating to other children
- following rules related to groups or interacting with others

To what extent, does your child show age-appropriate functioning, across a variety of settings and situations on this outcome? Please circle/rate on a scale of 1 to 7.

	<i>Not Yet</i>	<i>Emerging</i>	<i>Somewhat</i>	<i>Completely</i>		
1	2	3	4	5	6	7

COS 2. ACQUIRING AND USING KNOWLEDGE AND SKILLS

- Thinking, reasoning, remembering, and problem solving
- Understanding symbols
- Understanding the physical and social worlds

To what extent, does your child show age-appropriate functioning, across a variety of settings and situations on this outcome? Please circle/rate on a scale of 1 to 7.

	<i>Not Yet</i>	<i>Emerging</i>	<i>Somewhat</i>	<i>Completely</i>		
1	2	3	4	5	6	7

COS 3. TAKING APPROPRIATE ACTION TO MEET NEEDS

- Taking care of basic needs (eg: hunger, dressing, feeding, toileting, etc.)
- Contributing to own health and safety (eg: follows rules, assists with hand washing, avoids inedible objects)
- Getting from place to place (mobility) and using tools (eg: forks, paintbrush)

To what extent, does your child show age-appropriate functioning, across a variety of settings and situations on this outcome? Please circle/rate on a scale of 1 to 7.

	<i>Not Yet</i>	<i>Emerging</i>	<i>Somewhat</i>	<i>Completely</i>		
1	2	3	4	5	6	7



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Mrs. Riitta Bolton
Principal

Dear Parent/Guardian,

The Massachusetts Department of Early Education and Care (EEC) and The Little Lancers Preschool would like to invite you to engage in developmental screening with your child using the Ages and Stages Questionnaire (ASQ). Developmental screening provides families the opportunity to share and learn about their child's development, to celebrate their growth, and to address any questions or concerns they may have about what "typical" development looks like.

The ASQ is designed to be filled out by families. It is user-friendly, and should only take about 10 minutes to complete. It can be filled out on paper or online. Your child's early education and care program can also do it with you in person, and provide you with the results.

The Consent Form below requests your permission to do developmental screening with your child, and to enter your child's screening data into an online database. Using that data, your child's early education and care program can look at your child's development, and can connect you with community resources to support your child, if needed. The Consent Form also requests your permission to share the data with EEC. The combined data from developmental screening across the Commonwealth helps inform the ways EEC supports educators and families to respond to children's needs through training and resources. Please note that EEC will combine the data of many children and will not be able to identify specific individual children. Screening data will be confidential to ensure your privacy. If you do not wish to have information entered online and shared with EEC, you may decline this option and your child may still be screened using the ASQ paper questionnaire.

If you choose to participate in any of these developmental screening activities, please complete the Consent Form below. Thank you! If you have any questions or concerns about this process, please contact Ann Marie Baker via phone at 508-285-0120 or by email at abaker@norton.k12.ma.us.

Sincerely,

Ann Marie Baker
Early Childhood Coordinator for the Little Lancers Preschool
Assistant Principal of J.C. Solmonese School



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ASQ Online Family Consent Form

1. **Agreement for Your Child's Program to Do Developmental Screening (Please check only ONE box in this section)**

- By checking this box, I acknowledge that I have read the information provided about the ASQ screening tool, and I agree to have my child screened to learn more about their developmental progress. (If you checked this box, please continue to Questions 2 and 3.)
- By checking this box, I acknowledge that I have read the information about the ASQ screening tool, but I decline to have my child screened with the ASQ. (If you checked this box, you do not need to complete Questions 2 and 3.)

2. **Agreement to Add Your Child's Screening Data to ASQ Online (Please check only ONE box in this section)**

- By checking this box, I agree to have my child's screening information entered into the ASQ online database so that my child's early education program may use the data to better meet the needs of my child, and provide me with the information and resources to support my child's learning. (If you checked this box, please continue to Question 3.)
- By checking this box, I decline to have my child's screening information entered into the ASQ online database. (If you checked this box, you do not need to complete Question 3.)

3. **Agreement to Share Your Child's Screening Data with EEC (Please check only ONE box in this section)**

- By checking this box, I acknowledge that EEC will look at overall numbers of all children, and not at my child's name or other personally identifiable information, and I agree to have my child's screening data (including previous screening data) included with data shared with EEC. I acknowledge that screening data will be confidential to ensure my privacy.
- By checking this box, I acknowledge that I have read the information about the use of ASQ screening data, but I decline to share my child's screening data with EEC.

Name of Child

Date

Name of Parent or Guardian

Signature of Parent or Guardian

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Norton Public Schools, Pupil Support Services
Special Education Transportation

EMERGENCY INFORMATION FOR TRANSPORTERS

CHILD'S NAME: _____ D.O.B.: _____
STREET ADDRESS: _____
P.O. BOX (if applicable): _____
PARENTS' NAMES: _____
HOME TELEPHONE NUMBER: _____
MOTHER'S WORK TELEPHONE NUMBER: _____ CELL: _____
FATHER'S WORK TELEPHONE NUMBER: _____ CELL: _____
If the home address is different from the pick-up or drop-off address, both addresses must be listed.
Pick-up/Drop-off - Only if different from home address: _____
Contact's Name: _____ Telephone: _____

**EMERGENCY CONTACT PERSONS: LIST TWO (2) NAMES WITH ADDRESSES AND PHONE NUMBERS
(PLEASE INCLUDE A NEIGHBOR AS ONE CONTACT)**

1. _____
2. _____

CHILD'S DIAGNOSIS: If not in violation of confidentiality, please include any condition(s) that may impact student's safety during transportation (seizures, medications, allergies, motion sickness, behavior, etc.) **AND** recommended procedures for driver to follow.
PLEASE USE OTHER SIDE IF NECESSARY.

OTHER COMMENTS: _____

PARENT SIGNATURE: _____ DATE: _____

SCHOOL NAME: _____ GRADE: _____

Norton Public Schools
Pupil Personnel Services
Phone: 508-285-0193 FAX: 508-285-0181

Student Name: _____		
Last	First	MI
School: _____	School's Start & End Times: _____	
School Contact Person: _____		
		Wheelchair Van (Y/N): _____
Check One: <input type="checkbox"/> SPED/Prototype: _____	<input type="checkbox"/> 504	<input type="checkbox"/> Other: _____
Parent/Guardian Name(s): _____		
<i>If the home address is different from the pick-up or drop-off address, both addresses must be listed.</i>		
Home Address: _____		
Telephone #: _____	Work/Cell Phone #: _____	
Pick-up/Drop-Off		
<i>Only if different:</i> _____		
Contact's Name(s): _____		Telephone #: _____
Emergency Contact: _____		Telephone #: _____
Emergency Contacts Address: _____		
Start Date: _____		End Date (if applicable): _____

For Pupil Personnel Services Use Only:

Approval: _____	Date: _____
Called into (Date): _____	Taken By: _____
	Start Date (if different): _____
Emergency Info For Transporters	
Letter sent to Parents: _____	
Date	Signature/Initials
	Date Returned

TRANSPORTATION REQUESTS REQUIRE 24-48 HOUR NOTICE