



HINGHAM PUBLIC SCHOOLS ELEMENTARY EDUCATION

East Elementary School, Foster Elementary School,
Plymouth River Elementary School, South Elementary School

KINDERGARTEN REGISTRATION OVERVIEW *SPRING 2024 REGISTRATION FOR SEPTEMBER 2024*

Date	Activity
January 17, 2024	Kindergarten Parent/Caregiver Information Night Hingham Middle School Auditorium @ 6:30 PM
January 19, 2024 to February 2, 2024	Kindergarten Registration Packets will be available on-line and also available for pick-up at the respective schools: https://hinghamschools.org/programs/kindergarten/ *Children must be 5 by <u>August 31, 2024</u> in order to register
February 5-16, 2024	Kindergarten Registration Please return the completed registration packet, birth certificate, proof of residency and physical report (including updated immunization records, lead screening, and eye exam) during the registration window. If registering for the full-day program, the registration deposit is \$295. <u>Please make check payable to: Hingham Public Schools.</u>
May 2024	Kindergarten Orientation and Screening <u>May 13:</u> Foster Kindergarten Orientation & Screening <u>May 14:</u> East Kindergarten Orientation & Screening <u>May 15:</u> PRS Kindergarten Orientation & Screening <u>May 16:</u> South Kindergarten Orientation & Screening

* Children who will be six years of age on or before August 31st of the school year during which they will enroll will be eligible to enter first grade for that school year, unless a waiver has been approved by the building principal.

Tuition Rates:

Half Day Program: This is a free option.

Full Day Program: The Hingham School Committee will finalize the 2024-2025 full-day tuition rate. The current 2023-2024 tuition rate is \$2,950.

Tuition Assistance: Confidential tuition assistance is available, according to a sliding scale, for eligible families. Individuals requesting tuition assistance should make a request in writing to the Superintendent of Schools, along with all required documentation (see tuition agreement form for details).



HINGHAM PUBLIC SCHOOLS

ELEMENTARY EDUCATION

East Elementary School, Foster Elementary School,
Plymouth River Elementary School, South Elementary School

KINDERGARTEN STUDENT REGISTRATION CHECKLIST

The following checklist of forms and required supplemental materials will assist you in preparing for registration during the weeks of February 5th - February 16th, 2024. Please bring completed registration packets to your child's designated school during regular office hours, or e-mail digital materials to the respective school's administrative assistant. (See contact information below.)

Registration Forms: <http://hinghamschools.org/kindergarten>

- Student Registration Form (form A)
- Home Language Survey (form B)
- Kindergarten Session Registration and Tuition Agreement (form C)
- Kindergarten Health Registration Form (form D)
- Elementary Developmental History (form E)
- Pre-School History Form (form F)
- Early Childhood Experience Survey (form G)

Supplemental materials (please provide the following):

- Birth Certificate
- Proof of residency (current utility bill, signed lease, signed rental contract, or executed purchase and sales agreement)
- Health Report (including updated immunizations, lead screening and eye exam) from physician*
- Registration in FACTS Management <https://online.factsmgt.com/signin/4JVQJ>
- Tuition Deposit (Full Day only)--\$295 check payable to *Hingham Public Schools*.

* If your child is scheduled to have a physical exam in the summer or fall of 2024 please submit last year's form and send the updated version after your child's next visit. Immunizations must be up to date in order for your child to attend school.

Questions about registration?

Please contact the administrative assistant at your child's assigned school or contact Central Office staff at [781-741-1500](tel:781-741-1500).

East School: Karen Mariani (kmariani@hinghamschools.org) 781-741-1570
Foster School: Maria Sandberg (msandberg@hinghamschools.org) 781-741-1520
Plymouth River School: Suzanne Price (sprice@hinghamschools.org) 781-741-1530
South School: Pamela Graham (pgraham@hinghamschools.org) 781-741-1540

STUDENT REGISTRATION FORM

Hingham Public Schools
 220 Central Street
 Hingham, MA 02043

STUDENT INFORMATION		SASID:	
Full First Name	Full Middle Name	Full Last Name	Suffix
Primary Phone #	Cell/Home #	Grade Entering	
Student Email		Student Cell #	
Gender (circle one) Male Female Nonbinary (individual does not identify as just female or male)			
Birthdate	Birthplace (City)	First Entry Date	

ADDRESS INFORMATION			
Physical Address Street		City	State
Mailing Address (if different) Street		City	State
		State	Zip

STUDENT LIVES WITH				Circle any that apply:		Are there any custodial restrictions?	
Parents	Mother	Father	Stepfather	Stepmother	Guardian	Other	

PARENT			
First Name		Last Name	
Address (if different)		City	State
		State	Zip
Primary Phone #	Cell/Home #	Work Phone	
Employer	Position	E-Mail	

PARENT			
First Name		Last Name	
Address (if different)		City	State
		State	Zip
Primary Phone #	Cell/Home #	Work Phone	
Employer	Position	E-Mail	

GUARDIAN'S NAME (if different)			
First Name		Last Name	Relationship
Address		City	State
		State	Zip
Primary Phone #	Cell/Home #	Work Phone	
Employer	Position	E-Mail	

EMERGENCY CONTACT <i>THAT LIVES LOCALLY AND IS AUTHORIZED TO PICK UP YOUR CHILD</i>			
First Name		Last Name	Relationship
Address		City	State
		State	Zip
Primary Phone #	Cell/Home #	Work Phone	

EMERGENCY CONTACT THAT LIVES LOCALLY AND IS AUTHORIZED TO PICK UP YOUR CHILD			
First Name	Last Name	Relationship	
Address		City	State Zip
Primary Phone #	Cell/Home #	Work Phone	

Note: Please help us complete Massachusetts State required student information forms by answering the following questions.

DEMOGRAPHIC INFORMATION				
<i>Circle any that apply</i>	Is this student:	Foster Child	State Ward	METCO Student
Is this student Hispanic or Latino? (select one)				
<input type="checkbox"/> No, not Hispanic or Latino		<input type="checkbox"/> 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		
First (native) language?				
What is the race of this student? (You may select one or more races)				
<input type="checkbox"/> White: a person having origins in any of the original peoples of Europe, the Middle East or North Africa				
<input type="checkbox"/> Black or African American: a person having origins in any of the black racial groups of Africa				
<input type="checkbox"/> 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.				
<input type="checkbox"/> 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 Philippines, Thailand, and Vietnam				
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands				
Does your child have a parent/guardian on active duty orders in the uniformed services, National Guard, and/or Reserve; parent/guardian veteran who has been medically discharged or retired within one year of signing this form or/and a parent/guardian who passed while on active duty? Please circle one.				
YES NO				

SIBLINGS:	
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:

PREVIOUS SCHOOL INFORMATION:	
School	City/State
Year Last Attended	Grade Last Attended
Has student ever attended Hingham Public Schools?	If yes, grade and dates last attended in Hingham
Has student ever attended school in Massachusetts?	If so, when? Where?
Has student ever repeated a grade?	If yes, what grade?
Has retention ever been discussed?	Comments:

PREVIOUS ADDRESS:

SPECIAL SERVICES:				
Did your child receive any of the following services?			If yes, check one or more below:	
Math Support	ELL	Gifted Program	Reading Support	Other:
Speech/Language	Physical Therapy	Occupational Therapy	Special Education	
Is your child currently on an Individual Education Plan (IEP)?				
Is your child currently on a Regular Education 504 Plan?				

Child/Parent needs an interpreter in _____ (language).

Parents request that all parent information and school documents be provided in _____ Language.

PARENT SIGNATURES:			
Parent/Guardian Signature	Date	Parent/Guardian Signature	Date

FOR SCHOOL OFFICE USE ONLY			
	Proof of residency (recent utility bill)		Health/immunization record
	Birth Certificate		Discipline Form
	School ID # (LASID)		State ID # (SASID)
	MCAS Math Score		MCAS English Score
	School transcript		IEP Plan
	Attendance record		504 Plan
	Foster child legal documentation (Educational surrogate, social worker, and person responsible to sign IEP)		Foreign Exchange Student (Visa and English Proficiency Test results)
<p>En Espanol “Los padres piden que toda la informacion dirigida a ellos sea proporcionada en su idioma nativo” Firma _____</p> <p>Portuguese: “Os pais requerem que toda informacao dirigida e eles seja dada no idioma nativo deles.” Firma _____</p>			

HINGHAM PUBLIC SCHOOLS

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. If you would like a translated copy of this form, please let us know. Thank you for your assistance.

Student Information

First Name	Middle Name	Last Name
Gender (circle one)	Male Female	Nonbinary (individual does not identify as just female or male)
Country of Birth	Date of Birth (mm/dd/yyyy)	Date first enrolled in ANY U.S. school (mm/dd/yyyy)
School Information _____ (Hingham School Name)		

Start Date in New School _____	Name of Former School and Town _____	Current Grade _____
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Questions for Parents/Guardians	
What is the primary language used at home, regardless of the language spoken by the student?	Which language(s) are spoken with your child? (include relatives – grandparents, uncles, aunts, etc.) _____ 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? ___Yes ___No If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? ___Yes ___No If yes, what language? _____
Parent/Guardian Signature: X _____	_____ / _____ / _____ Today's Date: (mm/dd/yyyy)

For HPS Office Use

Recommendations
<input type="checkbox"/> Sheltered English Immersion Program (SEI) – a program that incorporates strategies to make content area instruction more comprehensible to ELs and to promote language development. As part of the SEI program, student is enrolled in: English as a Second Language (ESL) classes and Sheltered Content Instruction.
<input type="checkbox"/> General Education – Student is not an English Language Learner (EL)
Signature of EL Staff Member: _____ Date: _____ / _____ / _____



Hingham Public Schools
 220 Central Street, Hingham, MA 02043
 781-741-1500 VOICE • 781-749-7457 FAX
 www.hinghamschools.org

Kindergarten Registration and Tuition Agreement

Section A – Selection of Kindergarten Session

I am registering my child for:	<input type="checkbox"/> Full Day Kindergarten (FDK) To be eligible for the FDK program, you must complete and return this FDK Tuition Agreement with a \$295 deposit, which will be applied to your overall tuition, or forfeited in the event of early withdrawal. <u>Registration after March 1, 2024 will be charged an additional processing fee of \$150.</u>	<input type="checkbox"/> Half Day Kindergarten (HDK) - No Tuition <input type="checkbox"/> IEP – No Tuition
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Neighborhood School District:	<input type="checkbox"/> East	<input type="checkbox"/> Foster	<input type="checkbox"/> Plymouth River	<input type="checkbox"/> South
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STUDENT IDENTIFIERS

Legal First Name and Middle Initial	Last Name	Is student a twin/multiple? Yes No If yes, sibling name(s): _____
Gender (check one) Male Female Nonbinary (Individual does not identify as just female or male)		Date of Birth: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____
 Primary Phone #: _____ Primary Email Address: _____
 Hingham Street Address: _____

Half Day Kindergarten, you do NOT need to complete the remaining sections.

Section B – Tuition Agreement

Payment options will be for ten equal installments or one payment in full. FACTS billing management will provide these options when you register online with FACTS.

Select payment option intended:	I have a FACTS account with Hingham Public Schools: Yes No <input type="checkbox"/> Annual in full payment option due August 1, 2024 <input type="checkbox"/> Monthly payments deducted on the 20 th of each month or the first business day after the 20 th of each month, beginning August 20, 2024 and concluding on May 20, 2025 <input type="checkbox"/> I am eligible for <u>or</u> applying for a reduced or waived tuition.
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My signature below indicates that I have read and agree to comply with the following as they may apply:

- I agree to pay the annual tuition or a waived* tuition based on the Hingham Public Schools Sliding Tuition Scale for the 2024 – 2025 academic year.
- I agree to pay a tuition deposit of \$295, regardless of tuition status, to reserve a placement in the Hingham Public Schools Full Day Kindergarten program at the time of registration and to make tuition payments based on the payment schedule I selected above.
- I agree to provide accurate disclosure of financials to substantiate any reduced or waived tuition request by March 1, 2024.
- I agree to register online with FACTS (a third-party collection service), and I understand that if I register a monthly payment plan, there is a \$50 annual fee and if I register a paid in full plan, there is a \$5 annual fee and payment is due by August 1, 2024. See registration details on the attached FACTS letter.
- I understand failure to make tuition payments in a timely manner will result in a change of student placement to the Half Day Kindergarten program.

Parent Signature: _____ Date: _____

Section C – Financial Verification (Only necessary for families eligible for a reduced or waived tuition)

In order to verify qualifications for a waived or reduced tuition charge on the sliding scale, please submit a written request to the Superintendent of Schools. Please include a copy of the 2023 Federal Tax Return Form 1040 or comparable information about family income; additional documentation may be requested. If you did not file income taxes in 2023 you may provide a copy of IRS Form Certification of Non-filing.

*Tuition is waived for students with a current IEP and/or waived/reduced for those who qualify in accordance with the sliding scale.

Attach deposit check, payable to Hingham Public Schools, and any applicable document to this form



HINGHAM PUBLIC SCHOOLS

220 Central Street • Hingham, Massachusetts 02043

781-741-1500 VOICE • 781-749-7457 FAX

www.hinghamschools.com

Kathryn M. Roberts
Assistant Superintendent

FACTS Payment Management

Hingham Public Schools uses a third-party billing company, FACTS Management, for the processing and collection of tuition and fees. The web-based portal system is convenient to use and is utilized by many other public schools in our region.

Enrollment in FACTS is required to complete your kindergarten registration, regardless of tuition status. To register for FACTS and/or register for a payment plan, please follow the steps below:

- To access the FACTS Management website, please click the ***Payments*** button on the Hingham Public Schools website:

<https://hinghamschools.org/students-and-families/payments/>
- If your family does not have a FACTS account, please create one. Upon registration, you will be asked to:
 1. Provide payee name, contact information and student information
 2. Provide financial account information for direct checking account payments (no service fee) or credit/debit card payments (2.85% service fee).
 3. Once you have completed the FACTS registration and kindergarten enrollment process, Hingham Public Schools will establish an account with your child's tuition balance. You may then create a payment plan for the 2024-2025 school year.
- If your family has an existing FACTS account with Hingham Public Schools, please log into FACTS and create a payment plan for the 2024-2025 school year.
- If your family has an existing FACTS account with another school/district, you will need to register with Hingham by using the FACTS link on the Hingham Public Schools website and log in with your FACTS credentials. You may then select your payment plan for the 2024-2025 school year.
- Please note that FACTS charges a yearly one-time non-refundable enrollment fee of \$50 for monthly payment plans. If the annual tuition is paid in full, there is a yearly one-time fee of \$5. This FACTS fee is not charged if tuition is waived.
- Upon completion of the registration and/or payment-plan selection, FACTS will send a confirmation notice with payment plan details.

Hingham Public Schools Full Day Kindergarten Sliding Tuition Scale 2024-2025

FAMILY SIZE	GROSS FAMILY INCOME					
Two						
Annual Income	\$0 - \$49,467	\$49,468 - \$64,307	\$64,308 - \$84,094	\$84,095 - \$98,934	\$98,935 +	
Monthly Income	\$0 - \$4,122	\$4,123 - \$5,359	\$5,360 - \$7,008	\$7,009 - \$8,245	\$8,246 +	
Three						
Annual Income	\$0 - \$61,106	\$61,107 - \$79,438	\$79,439 - \$103,880	\$103,881 - \$91,542	\$91,543 +	
Monthly Income	\$0 - \$5,092	\$5,093 - \$6,620	\$6,621 - \$8,657	\$8,658 - \$10,184	\$10,185 +	
Four						
Annual Income	\$0 - \$72,746	\$72,747 - \$94,569	\$94,570 - \$123,667	\$123,668 - \$145,491	\$145,492 +	
Monthly Income	\$0 - \$6,062	\$6,063 - \$7,881	\$7,882 - \$10,306	\$10,307 - \$12,124	\$12,125 +	
Five						
Annual Income	\$0 - \$84,385	\$84,386 - \$109,701	\$109,702 - \$143,455	\$143,456 - \$168,771	\$168,772 +	
Monthly Income	\$0 - \$7,032	\$7,033 - \$9,142	\$9,143 - \$11,955	\$11,956 - \$14,064	\$14,065 +	
Six						
Annual Income	\$0 - \$96,024	\$96,025 - \$124,831	\$124,832 - \$163,241	\$163,242 - \$192,048	\$192,049 +	
Monthly Income	\$0 - \$8,002	\$8,003 - \$10,403	\$10,404 - \$13,603	\$13,604 - \$16,004	\$16,005 +	
Seven						
Annual Income	\$0 - \$98,207	\$98,208 - \$127,668	\$127,669 - \$166,951	\$166,952 - \$196,413	\$196,414 +	
Monthly Income	\$0 - \$8,184	\$8,185 - \$10,639	\$10,640 - \$13,913	\$13,914 - \$16,368	\$16,369 +	
Eight						
Annual Income	\$0 - \$100,389	\$100,390 - \$130,505	\$130,506 - \$170,661	\$170,662 - \$200,778	\$200,779 +	
Monthly Income	\$0 - \$8,366	\$8,367 - \$10,875	\$10,876 - \$14,222	\$14,223 - \$16,731	\$16,732 +	
Nine						
Annual Income	\$0 - \$102,571	\$102,572 - \$133,343	\$133,344 - \$174,371	\$174,372 - \$205,142	\$205,143 +	
Monthly Income	\$0 - \$8,548	\$8,549 - \$11,112	\$11,113 - \$14,531	\$14,532 - \$17,095	\$17,096 +	
Ten						
Annual Income	\$0 - \$104,754	\$104,755 - \$136,180	\$136,181 - \$178,081	\$178,082 - \$209,507	\$209,508 +	
Monthly Income	\$0 - \$8,730	\$8,731 - \$11,348	\$11,349 - \$14,840	\$14,841 - \$17,459	\$17,460 +	

TUITION					
Annual	Waived	\$632.14	\$1,475.00	\$2,212.50	\$2,950.00
Monthly	Waived	\$63.21	\$147.50	\$221.25	\$295.00

Notes:

"Family" is defined as parent(s)/legal guardian(s) and their dependent(s). Please contact us if you have more than one child entering Kindergarten or if your family size is greater than 10.

Financial support may be available such as for children in foster care or children of parents with disabilities.

Contact the Business Office for further information at (781) 741-1500.

HINGHAM PUBLIC SCHOOLS
KINDERGARTEN HEALTH REGISTRATION FORM

FORM D

Dear Parent,

Please complete this form and return to your designated school.

Student Name: _____
 (Last, First, Middle)

D.O.B. _____
 Male Female Non-Binary

Address: _____

Phone: _____

Please answer the following questions.

1. Is your child **CURRENTLY** being treated for any of the following? Please circle “Y” for Yes or “N” for No and provide details where indicated.

Arthritis or joint disease	Y	N	Heart Disease	Y	N
Asthma	Y	N	Kidney disease	Y	N
Blood disorder	Y	N	Food allergy	Y	N
Celiac disease	Y	N	Medication allergy	Y	N
Compromised immune system	Y	N	Bee sting allergy	Y	N
Concussion/head injury	Y	N	Seizures	Y	N
Diabetes	Y	N	Behavioral or social/emotional regulation issues	Y	N
Lyme disease	Y	N	Fracture or sprain injuries	Y	N
Cystic Fibrosis	Y	N	Other Explain below.	Y	N

Please provide additional information and dates to any “Yes” answers. _____

2. Does your child take any medications* now? Yes No Medication: _____

*If a student requires medication at school, a physician’s order is needed.

3. Does your child require an EPIPEN*? Yes No

*If yes, written physician’s orders and the EPIPEN must be provided **before** the child may start school.

4. Check off the following health concerns that pertain to the student.

Eyes: Glasses:	Y	N	Other (continued):		
Near-sighted	Y	N	Headaches	Y	N
Far-sighted	Y	N	Lungs	Y	N
Ears: Frequent infections	Y	N	Skin	Y	N
Tubes	Y	N	Bowel problem	Y	N
Hearing difficulty	Y	N	Bladder problem	Y	N
Other: Nosebleeds	Y	N	Dental	Y	N
Eating	Y	N	ADD/ADHD	Y	N
Sleeping	Y	N	Mental Health	Y	N

Please explain above health concern: _____

I give the school nurse permission to share the above confidential health information with his/her teacher, specialists, principal and assistant principal on an as needed basis. Yes No

Reminder: Current physical exam must be provided at registration and immunizations must be up to date in order for your child to attend school. If you have questions, please call your child’s school nurse.

Signature of parent/legal guardian: _____ Date _____



ELEMENTARY DEVELOPMENTAL HISTORY

Please respond to all questions as fully as possible to help us determine the manner in which we can best meet your child's needs in kindergarten.

Child's Legal Name: _____ Gender: Male Female Non-Binary
Last First Middle

What name would you like your child to be called in school? _____ Birth Date: _____

Child lives with: Both parents Mother only Father only
 Other. Please specify

Child's household includes the following siblings, family members, or friends:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
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Language(s) spoken in the home: _____

Has your child had previous school or group experiences? If yes, please note below.

Place: _____ Date: _____

Place: _____ Date: _____

HEALTH

Child's birth was: full term premature

Please describe any prenatal or birth complications.

Please describe your child's history of:

Vision problems: _____

Allergies. Please specify: _____

Hearing problems, including chronic ear infections, tubes, etc.: _____

Has your child had major illnesses, injuries, surgeries, or hospitalizations? Please describe.

Has your child been evaluated by a specialist (i.e. psychologist, speech pathologist, physician, educational specialist)? If so, please note below and provide us with copies of the report(s).

Has your child participated in early intervention programs? Yes No

Please describe your child's sleeping habits (i.e. naps daily, wakes throughout the night, sleeps 8 hours, etc.).

MOTOR DEVELOPMENT

At approximately what age did your child first:

Sit? _____ Crawl? _____ Stand? _____ Walk? _____ Become toilet trained? _____

Please check the motor skills your child has acquired:

- | | |
|---|--|
| <input type="checkbox"/> Runs | <input type="checkbox"/> Rides tricycle or bicycle |
| <input type="checkbox"/> Hops | <input type="checkbox"/> Throws and catches a ball |
| <input type="checkbox"/> Skips | <input type="checkbox"/> Uses crayons |
| <input type="checkbox"/> Balances on one foot | <input type="checkbox"/> Uses pencils |
| <input type="checkbox"/> Climbs stairs | <input type="checkbox"/> Uses scissors |

Child has developed: right-handedness left-handedness undecided

LANGUAGE DEVELOPMENT

At approximately what age did your child first:

Speak words? _____ Sentences? _____

Describe how your child engages in conversation outside and inside the home.

Do you have concerns about your child's speech or language development? If so, please explain.

GENERAL DEVELOPMENT

Please describe your child's social interactions with peers.

What kind of indoor and outdoor play activities does your child prefer?

How physically active is your child?

What is your child's average screen time (TV and other electronic devices) per day? ____

How often does someone read to your child? _____

Describe how your child uses his/her imagination throughout the day (i.e. storytelling, dancing, drawing, etc.).

How does your child communicate his/her feelings?

Have there been significant experiences in your child's life you would like to share?

What are your child's strengths and special interests? _____

Are there specific areas your child might benefit from additional support? _____

Would your child do better if assigned to a different classroom from any particular child? _____

SPECIAL NEEDS

Is there a family history of learning difficulties? Please specify.

Has your child received any special education services under federal and state disability laws? Please specify.

Do you have any concerns about your child which might indicate a need for special services? Please specify.

OTHER INFORMATION

What else would you like us to know about your child so that she/he may have a positive experience in kindergarten?

Signature:

Date:



HINGHAM PUBLIC SCHOOLS

PRE-KINDERGARTEN INFORMATION FORM

FORM F (optional)

TO BE COMPLETED BY PARENT/GUARDIAN

Child's Legal Name: _____ Date of Birth: _____

Address: _____

Assigned Hingham Public Elementary School (please circle): East South PRS Foster

I authorize my child's preschool/day care provider to forward this information to the Hingham Public Schools.

Parent/Guardian Signature: _____

PRESCHOOL TO COMPLETE AND RETURN TO ASSIGNED HINGHAM SCHOOL
--

Please add any comments that may be helpful in facilitating the student's entry and transition to kindergarten.

	Age Appropriate (Yes/No)	Comments
Participates appropriately in groups		
Follows directions		
Understands/follows classroom rules		
Activity level		
Self-help skills		
Uses material/equipment appropriately		
Demonstrates understanding of concepts introduced		
Demonstrates appropriate fine motor skills		
Demonstrates appropriate gross motor skills		
Speech is intelligible		
Verbally expresses ideas in sentence form		

Interacts with peers		
Initiates activities with peer group		
Interacts with adults appropriately		
Waits for his/her turn		
Has positive attitude/self-image		
General maturity		

Talents, skills, or interests, additional comments:

Form completed by: _____

Preschool/day care provider: _____

Please return this information form to the child's assigned school office when completed:

- East School
2 Collins Street, Hingham MA 02043
- Plymouth River School
200 High Street, Hingham MA 02043
- South School
831 Main Street, Hingham MA 02043
- William L. Foster School
55 Downer Avenue, Hingham MA 02043



HINGHAM PUBLIC SCHOOLS

220 Central Street • Hingham, MA, 02043 • 781-741-1500 • 781-749-7457 FAX

Early Childhood Education Experience Survey for Incoming Kindergarteners

Name of Child: _____ Date of Birth: _____

Name of Incoming K School: _____

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!

My child attended a Licensed Family Child Care Provider. *Licensed Family Child Care refers to EEC licensed child care in a group setting in a home. (indicate hours below)*

for less than 20 hours per week (05)

for 20+ hours per week (06)

My child attended a Center Based Program. *Center-Based Program refers to the education and care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools. (indicate hours below)*

for less than 20 hours per week (07)

for 20+ hours per week (08)

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 (09)

for 20+ hours per week (10)

My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services. *In Hingham, these programs are offered throughout the town, for children birth through school age (e.g. parent/child playgroups, parent-child activities). (02)*

My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services. *Parent Child Home Program (PCHP) refers to a home visiting model program funded through the Department of Early Education and Care. PCHP services are not offered in Hingham.*

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. (04)

My child did not have any formal early childhood program experience. (01)

Completed by: _____ Date: _____



Kids In Action

HINGHAM PUBLIC SCHOOLS

220 Central Street • Hingham, Massachusetts 02043

jsansone@hinghamschools.org 781-804-4235

January 2, 2024

Dear 2024/2025 Kindergarten Families,

Hingham Public Schools has provided the Kids in Action Before and After School program to Hingham families since 1986. With a focus on Social and Emotional Development while supporting academic skills, the program is designed with a structured, yet flexible curriculum that encourages independent thinking and self-help skills. The Kids In Action program provides outside play, snack, arts and crafts, organized games, STEM activities and child directed activities. Monthly themes incorporate board games, dramatic play, science, math, and children's literature into the daily routine. The program offers children abundant opportunities to develop social -emotional skills and to make lasting friendships.

The Kindergarten program will be located in each elementary school for After School. The Before School programs are open to all families with locations at East and South Elementary Schools.

Kids In Action follows the Hingham Public Schools calendar. The program is open on early release days at no additional cost. All tuition is collected through FACTS Management, in 10 increments from August – May. Tuition is approved annually by the Hingham School Committee

Online Registration will begin on **March 4, 2024**. A link will be posted on the website.

<https://hinghamschools.org/programs/kids-in-action/>

We will make every effort to accept all children who register. A waiting list may be used if capacity is reached for the school.

The components of the KIA Kindergarten before and after school program include:

- **Before School- Opens at 7:00 a.m.**
- **After School - 2:30-6:00pm at each Elementary School - 2, 3 or 5 days**
- **Combined Before & After School Schedule - 2, 3 or 5 days**

We look forward to becoming acquainted with you and your child. Please feel free to contact us at any time with additional questions or concerns.

Sincerely,

Jackie Sansone

Director