



HINGHAM PUBLIC SCHOOLS INTEGRATED PRESCHOOL

East Elementary School, Foster Elementary School,

INTEGRATED PRESCHOOL STUDENT REGISTRATION CHECKLIST

Name of Student: _____

School: _____

Program: (2) ½ Days (3) ½ Days (5) ½ Days 5 Full Days

The following checklist of forms and required supplemental materials will assist you in preparing for registration during the weeks of **February 6th - March 1st, 2024**. Please bring completed registration packets to **the School Department** at 220 Central St. Hingham, MA 02043, or email the electronic packet to bcataldo@hinghamschools.org. If you opt to send it electronically, you can mail your check to the School Department.

- Student Registration Form (form A)
- Home Language Survey (form B)
- Integrated Preschool Registration and Tuition Agreement (form C)
- Health Registration Form (form D)
- Developmental History (form E)
- Student Health Emergency Card

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*
- Tuition Deposit--\$150 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 Interim Executive Director of Student Services, Barbara Cataldo at bcataldo@hinghamschools.org.

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?
Comments: _____	

PREVIOUS ADDRESS:

SPECIAL SERVICES:				
Did your child receive any of the following services?			If yes, check one or more below:	
Speech/Language	Physical Therapy	Occupational Therapy	Special Education	Other:
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)
	School transcript		IEP Plan
	Attendance record		504 Plan
	Foster child legal documentation (Educational surrogate, social worker, and person responsible to sign IEP)		
<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	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

FORM C

220 Central Street • Hingham, Massachusetts 02043

781-741-1500 VOICE • 781-749-7457 FAX

www.hinghamschools.com

Integrated Pre-K Registration and Tuition Agreement

2 ½ Days - \$2,500	5 Full Days - \$11,250	IEP- No Tuition
3 ½ Days - \$3,500	5 ½ Days - \$6,300	
Student Identifiers		
Legal First Name and Middle Initial	Last Name	Is student a twin/multiple? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, sibling name(s): _____
Gender	Date of Birth	
M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary <input type="checkbox"/>		
Parent/Guardian Name: _____		Parent/Guardian Name: _____
Primary Phone #: _____		Primary Email Address: _____
Hingham Street Address: _____		

Section B – Tuition Agreement

Payment options will include ten equal installments through FACTS Management or a one-time payment in full by check by June 1st, 2024.

Select payment option intended:	I have a FACTS account with Hingham Public Schools: Yes No
	<input type="checkbox"/> Annual in full payment option via check due June 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.

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 Free and Reduced Lunch Income Levels.
- I agree to pay a tuition deposit of \$150, regardless of tuition status, to reserve a placement in the Hingham Public Schools Integrated Preschool 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. Payment in full is due June 1, 2024.
- I understand failure to make tuition payments in a timely manner will result in a change of student placement to the Integrated Preschool 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, 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 Federal Free and Reduced Lunch Income Levels.

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



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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 reschool 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/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 (2.95% service fee).
 3. Once you have completed the FACTS registration 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.
- Upon completion of the registration and/or payment-plan selection, FACTS will send a confirmation notice with payment plan details.

HINGHAM PUBLIC SCHOOLS
PRESCHOOL 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 _____

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 preschool?

Signature:

Date:

Student's
Full Legal Name: _____ Preferred Name: _____
Last First Middle
Address: _____
Date of Birth: _____ Gender: F / M/ N Grade: _____ Teacher/Counselor: _____
Lives with: ___ Both Parents ___ Guardian ___ Mother ___ Father _____ Other (specify)
Names & Ages of Siblings: _____

Parent (1)/Guardian Name: _____
Last First
Address: *(If not the same as above)* _____
Place of Employment: _____
Home Phone: _____ Work Phone: _____ Cell: _____
Email: _____

Parent (2)/Guardian Name: _____
Last First
Address: *(If not the same as above):* _____
Place of Employment: _____
Home Phone: _____ Work Phone: _____ Cell: _____
Email: _____

Name of others who will assume responsibility/transportation:
Name _____ Home Phone _____ Cell _____ Work _____
Name _____ Home Phone _____ Cell _____ Work _____

Restraining Orders – Please indicate if there are any parental restrictions (i.e. court ordered restraining orders). Copies of court documents should be supplied to the Principal's office. It is the responsibility of the parent to supply the school with renewed court orders if they have expired. **Yes/No**

In case of an emergency, the school will attempt to contact parent/guardian before calling EMS/First Responders. Your child will be transported by ambulance to an emergency care facility if necessary.

Physician Name: _____ Phone: _____
Dentist Name: _____ Phone: _____

Does your child have health insurance? Y / N
Health Insurance Co.: _____ Policy No: _____

<p>Please check all medical issues that are applicable to your child:</p> <p><input type="checkbox"/> Heart Condition <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety</p> <p><input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Migraines <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Other</p> <p>Specify: _____</p> <p>Recent illness or injury: _____</p> <p>List all medications (with doses) that your child takes: _____</p> <p>_____</p> <p>Allergies: _____</p> <p><i>Please specify – food, insects, medications, environment, etc.</i></p> <p>Has Epi Pen been prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No Has inhaler been prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p><input type="checkbox"/> Hearing problems (specify): <input type="checkbox"/> Left Ear <input type="checkbox"/> Right Ear <input type="checkbox"/> Hearing Aid</p> <p><input type="checkbox"/> Vision Problems (specify): <input type="checkbox"/> Wears Glasses (Circle: Distance or Near) <input type="checkbox"/> Contacts</p>

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

I give my permission for the school nurse to perform the following services for my child:

1. Administer any physician prescribed medications for which an official order has been received by the school nurse.
2. Share any of my child’s health information and/or related issues with appropriate school staff, primary care physician, dentist, or first responders i.e., EMT’s
3. I give permission for my child to be given the below over-the-counter medications (or generic equivalent) if needed while at school. The medication doses to be administered as per package directions and according to School Physician orders. I have **CROSSED OFF** any medications that I **DO NOT WANT** my child to have.

Medication List:

- | | | |
|---|------------------------------------|---------------------------|
| Aquaphor | Caladryl Lotion (Anti-itch lotion) | Hydrocortisone Cream |
| Acetaminophen (Tylenol) | Cough Drops/Throat Lozenges | Ibuprofen (Motrin, Advil) |
| Bacitracin Ointment | Diphenhydramine (Benadryl) | Orajel |
| Benadryl Cream | Over the Counter eye drops | Tums/Antacid tabs |
| Loratadine (Claritin)-HMS & HHS students only | | |

Age: _____ Weight: _____

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

(revised 6/22/22)