

**MEDFIELD PUBLIC SCHOOLS
STUDENT REGISTRATION**

**PRESCHOOL DEPOSIT CONFIRMATION FORM
2024-2025 SCHOOL YEAR**

Student Name: _____

I am enrolling my child in the following program for the 2024-2025 school year:

- 4 Day AM:** Tuesday, Wednesday, Thursday, Friday 8:45am -11:15am @ Memorial School
\$5,100.00 per year
\$510.00 non-refundable deposit due to secure spot

- 4 Day PM:** Tuesday, Wednesday, Thursday, Friday 12:15pm -2:45pm, @ Memorial School
\$5,100.00 per year
\$510.00 non-refundable deposit due to secure spot

- 4 Day Extended Day:** Tuesday, Wednesday, Thursday & Friday 9:00am -2:00pm, @ Memorial School
\$7,230.00 per year
\$723.00 non-refundable deposit due to secure spot

- 4 Day Extended Day:** Tuesday, Wednesday, Thursday & Friday 9:00am -2:00pm, @ Wheelock School
\$7,230.00 per year
\$723.00 non-refundable deposit due to secure spot

Enclosed is my non-refundable tuition deposit of _____ to secure my child's space in the selected program.

I am aware of the following tuition policies, please check and sign below:

- I understand that my deposit is non-refundable.
- This tuition deposit will be applied to the last tuition installment payment due in June 2025.
- I understand that monthly payment is required for my child to remain in the program regardless of student absences.
- I understand that Preschool tuition is collected through a third party tuition collection service, FACTS Management and I will be responsible for setting up a new account for my child. FACTS Management is the only method of payment Medfield accepts for tuition.

Parent Name: _____ Parent Signature: _____

For Office Use Only: Date: _____ Check # _____ Amount # _____

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**MEDFIELD PUBLIC SCHOOLS
STUDENT REGISTRATION**

DOCUMENTATION REQUIRED FOR REGISTRATION

CHECKLIST:

- Completed Registration Form**
- Proof of Residency (see Residency Requirements below)**
- Copy of Original Birth Certificate**
- Guardian/Custody Papers (if applicable)**
- Physical Exam**
- Preschool Developmental Questionnaire**

RESIDENCY DOCUMENTATION

Group A	Group B
<i>Must submit 1 proof</i>	<i>Must submit 1 proof</i>
<p><u>Homeowners:</u></p> <ul style="list-style-type: none"> ● Current Mortgage Statement ● Property Deed ● Settlement Statement ● Current Property Tax Bill ● Current Property Water Bill ● Purchase and Sales (PNS) 	<p><u>Evidence of Identification</u></p> <p style="text-align: center;"><i>(Photo ID)</i></p> <ul style="list-style-type: none"> ● Valid MA Driver's License ● Valid MA Photo ID Card ● Valid Passport ● Valid Other Government Issued Photo ID
<p><u>Renters:</u></p> <ul style="list-style-type: none"> ● Current Lease ● Signed and Notarized ● Landlord Living Agreement 	
<p><u>Living with Relative:</u></p> <ul style="list-style-type: none"> ● Notarized Letter from current Medfield Resident stating you reside at their home 	

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MEDFIELD PUBLIC SCHOOLS STUDENT REGISTRATION

STUDENT INFORMATION

STUDENT INFORMATION			
TODAY'S DATE			
STUDENT'S FIRST NAME			
STUDENT'S MIDDLE NAME			
STUDENT'S LAST NAME			
STUDENT'S PREFERRED NAME			
GENDER			
DATE OF BIRTH/AGE OF STUDENT			
PLACE OF BIRTH			
	CITY	STATE	COUNTRY
GRADE ENTERING			
HOME ADDRESS			
CITY STATE & ZIP CODE	Medfield, MA 02052		
STUDENT PRIMARY PHONE NUMBER			
RACE: WHAT IS THE STUDENT'S RACE (PLEASE CHECK ALL THAT APPLY)?		AMERICAN INDIAN OR ALASKA NATIVE	
		ASIAN	
		BLACK/AFRICAN AMERICAN	
		NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	
		WHITE	
IS THE STUDENT HISPANIC OR LATINO?		YES	
		NO	

Student Questions: Please use "X" to indicate Yes or No

	Yes	No	Additional Information
ELL/ESL			
IEP			
504			
Other Services			
Is your child in DCF Custody or in Foster Care?			
MILITARY FAMILY STATUS: Are you or a family member active duty, veteran or member who died on active duty?			

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MEDFIELD PUBLIC SCHOOLS STUDENT REGISTRATION

FAMILY INFORMATION

PARENT/GUARDIAN INFORMATION (CONTACT 1)	
NAME OF PARENT/GUARDIAN	
EMAIL ADDRESS	
GENDER	
RELATIONSHIP TO STUDENT	
MARTIAL STATUS	SINGLE
	MARRIED
	SEPARATED *
	DIVORCED *
	WIDOW
* IF SEPARATED OR DIVORCED STUDENT LIVES WITH?	MOTHER
	FATHER
	BOTH (JOINT CUSTODY)
	GUARDIAN
HOME ADDRESS (if different from student)	
HOME PHONE	
CELL PHONE	
WORK PHONE NUMBER	

PARENT/GUARDIAN INFORMATION (CONTACT 2)	
NAME OF PARENT/GUARDIAN	
EMAIL ADDRESS	
GENDER	
RELATIONSHIP TO STUDENT	
MARTIAL STATUS	SINGLE
	MARRIED
	SEPARATED *
	DIVORCED *
	WIDOW
* IF SEPARATED OR DIVORCED STUDENT LIVES WITH?	MOTHER
	FATHER
	BOTH (JOINT CUSTODY)
	GUARDIAN
HOME ADDRESS (if different from student)	
HOME PHONE	
CELL PHONE	
WORK PHONE NUMBER	

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**MEDFIELD PUBLIC SCHOOLS
STUDENT REGISTRATION**

FAMILY INFORMATION CONTINUED

EMERGENCY CONTACT INFORMATION	
NAME OF EMERGENCY CONTACT	
PHONE NUMBER	
RELATIONSHIP TO STUDENT	
NAME OF EMERGENCY CONTACT	
DAYTIME PHONE NUMBER	
RELATIONSHIP TO STUDENT	

PLEASE LIST TWO RELATIVES/OTHERS WHO HAVE AGREED TO ASSUME TEMPORARY CARE OF YOUR CHILD DURING SCHOOL HOURS IF YOU CANNOT BE REACHED.

PLEASE LIST ALL BROTHERS/SISTERS WHO ATTEND MEDFIELD PUBLIC SCHOOL AND THE GRADE AND SCHOOL THEY ATTEND.

SIBLING INFORMATION (BROTHERS/SISTERS OF STUDENT)	
NAME OF SIBLING	
DATE OF BIRTH OF SIBLING	
GRADE OF SIBLING	
NAME OF SCHOOL SIBLING ATTENDS	
NAME OF SIBLING	
DATE OF BIRTH OF SIBLING	
GRADE OF SIBLING	
NAME OF SCHOOL SIBLING ATTENDS	

PARENT/GUARDIAN NAME: _____

DATE: _____

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**MEDFIELD PUBLIC SCHOOLS
STUDENT REGISTRATION
EMERGENCY HEALTH INFORMATION SHEET**

STUDENT INFORMATION	
STUDENT NAME:	
DATE OF BIRTH	
STUDENT LIVES WITH	
PARENT/GUARDIAN #1	
NAME OF PARENT/GUARDIAN	
ADDRESS	
HOME PHONE	
CELL PHONE	
WORK PHONE NUMBER	
PARENT/GUARDIAN #2	
NAME OF PARENT/GUARDIAN	
ADDRESS	
HOME PHONE	
CELL PHONE	
WORK PHONE NUMBER	
SIBLING INFORMATION (BROTHERS/SISTERS OF STUDENT)	
NAME OF SIBLING	
DATE OF BIRTH OF SIBLING	
NAME OF SIBLING	
DATE OF BIRTH OF SIBLING	
In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.	
MEDICAL PROVIDERS/EMERGENCY CONTACTS	
PHYSICIAN	
PHYSICIANS PHONE NUMBER	
DENTIST	
DENTIST PHONE NUMBER	
HEALTH INSURANCE	
INSURANCE ID NUMBER	
NAME OF EMERGENCY CONTACT	
PHONE NUMBER	
NAME OF EMERGENCY CONTACT	
PHONE NUMBER	
NAME OF EMERGENCY CONTACT	
PHONE NUMBER	

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MEDFIELD PUBLIC SCHOOLS STUDENT REGISTRATION

Dear Parent or Guardian:

The following information is requested yearly so that the school and parent can work together to meet the physical, intellectual and emotional needs of the child. **A physical exam is required of all students newly entering Medfield Public Schools as well as upon entering Kindergarten, Grades 4, 7, and 10.** Please ask your health care provider to supply you with a completed form, signed by a doctor or nurse practitioner, to give to the school nurse. Blank exam forms are available from the school nurse if needed.

*Please indicate if your child has issues in any of the following areas: Please use "X" to indicate Yes or No		YES	NO
1.	Allergies or reactions: (example: food, medication, environmental or other) **List Below**		
2.	Asthma/breathing difficulties		
3.	Eczema or frequent skin rashes		
4.	Neurological: ADHD _____ Seizures _____ Autism Spectrum _____ Other _____		
5.	Cardiac		
6.	Diabetes		
7.	Frequent colds, sore throats, earaches (4 or more per year)		
8.	Urinary, bowel or stomach		
9.	Dietary Restrictions		
10.	Speech		
11.	Menstrual		
12.	Dental Date of last examination		
13.	Vision Impairments (colorblind, glasses/contacts)		
14.	Hearing Impairments		
15.	Accidents/hospitalizations (including head injuries/concussions)		
16.	Headaches (frequent and/or severe)		
17.	Current orthopedic concerns including Scoliosis or back/spinal issues		
18.	Psychosocial issues (anxiety/depression/eating disorders, etc)		
19.	Cultural or religious considerations		
20.	Other chronic or significant conditions:		
Please explain any problem areas identified above:			

Current Medications/Supplements

	Medication Name	Dosage	Time(s) Given	Reason for Medication
1.				
2.				
3.				
4.				

CONSENT AGREEMENTS

Please use "X" to indicate Yes or No	YES	NO
The following over the counter medications, or the generic equivalent, are ordered by the school physician for student use: Tylenol, Advil/Motrin, Benadryl, Tums, Caladryl, Hydrocortisone ointment, Orabase, antibiotic ointment, sunscreen and cough drops with menthol. <i>My child may have any of the above medications if needed.</i>		If no, please list any of the above medications that you do not want your child to receive.
Health information may be shared with school/professional personnel on a need-to-know basis.		

PARENT/GUARDIAN NAME: _____

DATE: _____

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**MEDFIELD PUBLIC SCHOOLS
STUDENT REGISTRATION
PHOTO RELEASE**

In order to promote some of the exciting programs and events in the Medfield Public Schools, we plan to continue the use of student photos on our district/school website, teacher's websites, blogs, and district approved Twitter/social media accounts. In addition, there are times when we will have coverage in the local newspaper or on local TV.

There may be an occasion when students are photographed or videotaped during school activities and events. These are wonderful times and our children really enjoy seeing their image in the local newspaper, on the school website, or on local TV.

So that everyone's rights are fully protected, we are asking that you fill out the bottom portion of this page and return it to school with your child. This will help us to make sure that your wishes are fulfilled. This is in compliance with the student's record release regulations and the Family Educational Rights and Privacy Act of 1974.

Thank you for your cooperation. Should you have any questions, please contact your child's school office.

Student Name	
School Name	
Grade Level	

PLEASE CHECK ONE: Please use "X" to indicate Yes or No

	YES, My child may be electronically recorded/photographed
	NO, My child may not be electronically recorded/photographed

PARENT/GUARDIAN NAME:

DATE:

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**MEDFIELD PUBLIC SCHOOLS
STUDENT REGISTRATION
HOME LANGUAGE SURVEY**

Student Information:

Student's Name:			
Most Recent Grade Level:		Gender	
Date of Birth:		Country of Birth	
Student Relationship of Person Completing Survey:			
Person Completing the Form Primary Language:			

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. 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.

Right to Translation and Interpretation Services		Yes	No	If yes, What Language?
1.	Will you require written information from school in a language other than English?			
2.	Will you require an interpreter/translator for Parent-Teacher meetings?			

Language Background: <i>This should not include foreign language or extracurricular language classes that your child attends.</i>		English	Other	Specify
1.	What language did your child first understand and speak?			
2.	What language do you use to speak to your child most of the time ?			
3.	What language(s) does your child use to speak to you most of the time ?			
4.	What language does your child use to speak with brothers, sisters, or friends most of the time ?			

Prior Education			Yes	No	
1.	Has your child attended school in the United States prior to today's enrollment? (<i>Kindergarten - 12th grade</i>)				
If Yes: Name of Former School:					
*	Where? (Town and State)				
*	What grades? (K-12 th grade)				
			Yes	No	Don't Know
2.	Has your child received English language development support in a previous school?				
3.	Does your child have an Individualized Education Plan (IEP)?				
4.	Has your child received formal education outside of the United States? (<i>Kindergarten - 12th grade</i>) If yes: Number of years:				
*	How many hours each day:				
*	What language was used for instruction?				

Parent/Guardian Signature

Today's Date (mm/dd/yyyy)

Parent/Guardian Email

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MEDFIELD PUBLIC SCHOOLS

STUDENT REGISTRATION

Medfield Public Schools

McKinney-Vento Assistance Identification

Medfield Public Schools shall provide an educational environment that treats all students with dignity and respect. Every student that is homeless shall have equal access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and youth not living with a parent or guardian, applies to all services, programs, and activities provided or made available by Medfield Public Schools.

A. Homeless children and youths: individuals who lack a fixed, regular, and adequate nighttime residence. It includes:

1. Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals.
2. Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
3. Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings;
4. Migratory children (as defined in section 1309 of the Elementary and Secondary Education Act of 1965, as amended) who qualify as homeless because they are living in circumstances described above.
5. Unaccompanied youth: a homeless child or youth not in the physical custody of a parent or guardian.

Homeless Students Have Rights to:

- **School Enrollment:** A school must enroll students even if they lack health, immunization or school records, proof of guardianship, or proof of residency.

- **Enroll in**

- *the school he/she attended when permanently housed (school of origin)

- *the school in which he/she was last enrolled (school of origin)

- *any school that non-homeless students, living in the same attendance area in which the homeless child or youth is actually living, are eligible to attend.

- **Remain** enrolled in his/her selected school for as long as he/she remains homeless or, if the student becomes permanently housed, until the end of the academic year.

- **Obtain** information regarding how to get free school meals, transportation, programs and school fee waivers.

- **Transportation services** A homeless student attending his/her school of origin has a right to transportation to go to and from school of origin as long as he/she is homeless. Medfield staff shall inform homeless parents/guardians or youth of transportation services to and from school and school- related activities.

If you desire additional information regarding McKinney Vento Assistance please contact Mary Bruhl, Director of **Student Services** Office at 508-359-2302.

Medfield Public Schools

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**MEDFIELD PUBLIC SCHOOLS
STUDENT REGISTRATION
McKinney-Vento Assistance Identification**

Please complete the information in Part I and any information in Part II that pertains to your family. Please sign and return this form to your school. This form is for record purposes. All information submitted is considered highly confidential.

Part I (please print)

Student Name: _____
(Last Name) (First Name) (Middle Name)

Student Address _____
(Street) (City) (State) (Zip Code)

D.O.B. _____ Grade: _____ School _____

Part II

1. Have your living arrangements changed in the last year? Yes No *(if no, please skip to Part III)*

2. Do you or your family live in any of these situations? *(please check all that apply)*

- Are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;
- Living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations;
- Living in emergency or transitional shelters; or are abandoned in hospitals
- Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings
- Is your a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
- Unaccompanied youth not in physical custody of a parent or guardian
- Migratory children (defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless
- Alternative living arrangements *(Please explain any special circumstances)* _____

3. Please list any siblings in the home who are attending Medfield Public Schools

Sibling Name	D.O.B.	School

Part III PARENT/GUARDIAN INFORMATION

Name _____ Home Telephone Number () _____
 _____ Work Telephone Number () _____
 Address _____ Cell Telephone Number () _____
 (only if different from Part I)

 Parent/Guardian Signature Date

Preschool Developmental History Questionnaire

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MEDFIELD PUBLIC SCHOOLS STUDENT REGISTRATION

Student Demographics

STUDENT'S NAME	
STUDENT'S NICKNAME	
DATE OF BIRTH	
NAME OF PERSON COMPLETING QUESTIONNAIRE	
RELATIONSHIP TO CHILD	

Special Needs Information

	Yes	No	Type: <i>Learning Services, Speech, PT, OT, Psych Services</i>
My child receives Special Education Services?			
If yes, are they on an IEP or 504 and please identify what type of services they receive			
Has your child ever been screened for or received prior Special Ed Services?			
If yes, when and what services were needed			

Early Development:

Please record below the age at which your child achieved the following milestones:

Sat alone:		Used 2-3 sentences:	
Crawled:		Fed self completely:	
Walked:		Toilet Trained:	
First words:		Rode Tricycle:	
<i>Please note if there were difficulties in achieving any of the above:</i>			
Has your child experienced any particular or unusual developmental problems?			
Has your child ever been involved with counseling and/or therapy?			
Has your child ever been involved with any other specialists (behaviorist, neurologist, orthopedist, child psychologist, developmental pediatrician)?			
Family history of learning difficulties/disabilities or speech/language difficulties? <i>yes/no</i> If yes, please explain:			
Concern(s) about your child's academic, social, and/or emotional development; behavior regulation:			

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**MEDFIELD PUBLIC SCHOOLS
STUDENT REGISTRATION**

Current Development:

Please Answer YES OR NO in these that apply to your child and comment:

	Yes	No	Comment
Pays attention to reading a short story:			
Answers simple questions or talks about the story:			
Converses easily with family and friends:			
Uses "baby talk":			
Lisps:			
Speaks in generally clear speech:			
Hesitates or frequently repeats sounds or words or movements:			
Those unfamiliar with your child can understand his/her speech:			
<i>Describe any speech/language challenge(s) you think your child might have:</i>			
Responds quickly to your voice from a short distance			
Responds quickly to your voice from a short distance			
Has difficulty listening, attending or hearing:			
Has many friends:			
Prefers to play alone:			
Joins group activities:			
Cries easily:			
Sucks thumb:			
Bites nails:			
Clings to parent in new situations:			
Separates easily			
Stays with task once started			
Shows motivation to try something new:			
Prefers to be with adults:			
Shares and takes turns easily:			
Has nightmares:			
Has temper tantrums:			
Daydreams:			
Exhibits moody behavior:			
Difficulty with transitions:			
What role does your child take on with peers (leader, aggressor, passive, etc.)?			
How does your child get along with peers and/or siblings?			

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**MEDFIELD PUBLIC SCHOOLS
STUDENT REGISTRATION
Current Development (continued)**

Please Answer YES OR NO in these that apply to your child and comment:

	Yes	No	Comment
Does your child like baths, shampoos?			
Do tags on clothing, textures of clothing bother your child?			
Does your child become overly upset by loud noises?			
Is your child overly sensitive to bright lights or changes in lighting?			
Is your child willing to talk to less familiar adults (in your presence)?			
Is your child comfortable in new/less familiar situations?			
Draws and colors beyond a simple scribble:			
Stacks blocks:			
Completes simple puzzles: *Shape/Form board *Interlocking pieces			
Fastens buttons he/she can see:			
Dresses self:			
Hops/Jumps: *Two feet simultaneously *One foot			
Alternates feet walking upstairs			
Alternates feet walking downstairs			
Uses scissors for rough cutting			
Throws a ball			
Catches a ball			
With which hand does your child use to eat and/or use coloring utensils?			
If unsure of your child's hand preference, explain why:			
Does your child enjoy coloring or table work activities?			

Additional Information

Is your child involved in any organized group activities/lessons? If so, please list:	
What would you like your child to gain from this preschool experience?	
What are your child's feelings about entering preschool? Please comment:	
Describe any special interests or talents your child has at this stage:	
Any additional information about your child that you believe would aid in his/her adjustment:	

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