

NONDISCRIMINATION POLICY STATEMENT

The Taunton Public Schools does not discriminate based on race, color, age, gender, sexual orientation, religion, ethnic or national origin, disability, veteran's status, or any other status protected by law. We welcome all diverse families to our program. All families are encouraged to become part of our program.

Leddy Preschool
STUDENT TUITION PACKET 2019 - 2020
The Preschool Program of Excellence

Accredited by the National
Association for the Education
of Young Children – 2015

Dr. Janet Belanger, Principal
36 Second Street
Taunton, MA 02780
(508) 821-1275
Fax (508) 821-1366
Email: jbelanger2@tauntonschools.org

Website: www.tauntonschools.org

Dear Parent/Guardian,

We are very happy to have your child attend Leddy Preschool for the 2019-20 school year! Please complete the attached packet and return it to school along with the preference sheet below. Our tuition for 2019-20 remains at \$12 per day. Please include your phone number and email in case there is any question regarding placement. **PLEASE RETURN YOUR COMPLETED PACKET AS SOON AS POSSIBLE!** Incomplete applications will not be accepted. If you have questions please call 508-821-1275, 8:00AM – 3:00PM.

Returning Children: No Fee. After April 30, 2019, returning children will be placed ONLY as space permits.

New Students Only: REGISTRATION FEE - \$20 (CHECK OR MONEY ORDER/NO CASH – Made payable to Taunton Public Schools).

Child's Name: _____

D.O.B. _____

Current teacher: _____

Age Aug. 31, 2019 _____

Please indicate the **# of days** you **would like** your child to attend by numbering your choice by preference. (ex. 1st, 2nd, 3rd, etc.)

- ___ Mulcahey (Full Day)(Must be 4 by Aug 31st)
- ___ Two (2) days (3 yrs. only) (T & TH)
- ___ Three (3) days (3-4 yrs.) (M-W-F)
- ___ Four (4) days (4-5 yrs.)

Please indicate a **session preference**.

- ___ No preference
- ___ AM (9am – 11:30am)
- ___ PM (12:45pm – 3:15pm)

Teacher Preferred: _____

In some cases, the preferred teacher may not have the number of days you requested and the session you chose. Which is more important? Please rank 1, 2 and 3

Teacher _____

Session _____

Days _____

Parent's Signature: _____

Email: _____

Phone # _____

List of documents below to be returned along with this sheet:

If **NOT** applying for reduced tuition rate:

___ Income Worksheet (complete top portion of page 1, check appropriate box, sign & date)

New Student: \$20 non-refundable fee payable to Taunton Public Schools. (check or money order only)

If applying for reduced tuition rate:

- ___ Income Worksheet (sign & include pages 1 & 2)
- ___ Most recent month's income
- ___ 4 paystubs if paid weekly, 2 paystubs if bi-weekly
- ___ Birth certificate for all children
- ___ Parents/Guardians license or photo ID

New Student: \$20 non-refundable fee (no cash)

For any parents who need help with translation from English, please call Carmen Maldonado for assistance. Mrs. Maldonado's number is 508-821-1229.

Important information about our Tuition.

- **All Regular Education Students are responsible for paying a maximum fee of \$12.00 per day at Leddy or \$125 per week at Mulcahey.** Financial Assistance is available only to Taunton families who meet certain state income guidelines and who complete all required paperwork for the Taunton Public Schools.
- **Please note:** Until all paperwork is completed and processed, the maximum fee will be charged. To determine eligibility, please consult the **Leddy/Mulcahey Preschool Reduced Tuition Guidelines Sheet** in this packet.
- *PARENTS PROVIDE TRANSPORTATION FOR THIS PROGRAM.*

Taunton Public Schools offers an **Extended Day Care Program**. (Please see enclosed sheet) Students can be transported to and from Leddy Preschool by the Extended Day Program.

Payment Process:

- **Tuition will be broken into three payments, payable the 1st of September, November and February.**
- Fees may be paid with check(personal or bank) or money order **ONLY, NO CASH** or Online at <https://epay.cityhallsystems.com/> . You will need to have your child's LASID number to pay online, you can call the front office for that information.
- Checks are made payable to: ***Taunton Public Schools***
- On Check memo line: **Leddy or Mulcahey Preschool & Child's Name** (for proper credit)
- **Payments** may be **made at the Leddy Preschool Office, 8:00AM-3:00PM** or mailed to the Business Office (215 Harris St., Taunton, MA).
- **PAYMENTS MUST BE KEPT UP-TO-DATE OR YOUR CHILD WILL BE WITHDRAWN**

PLEASE PAY CLOSE ATTENTION TO THIS ...

All families will be charged \$12.00 or \$125 per week until such time as all required documentation has been processed and a rate determined. (*Please refer to the box at the top of this page*). The reduced fee is effective from the date it was determined, it **will not** be prorated.

The Taunton Public Schools is able to offer a sliding fee to Taunton residents meeting certain state income guidelines (see below). This is made possible through the Taunton Public School System.

Income Eligibility Table (7/1/17)

Published by the Commonwealth of Massachusetts
Department of Early Education and Care

Family Size	Annual Income	Monthly*	% of State Median Income (SMI)
Family of two (2)	\$70,188	\$5,849	100%
Family of three (3)	\$86,700	\$7,225	100%
Family of four (4)	\$103,212	\$8,601	100%
Family of five (5)	\$119,736	\$9,978	100%
Family of six (6)	\$136,236	\$11,353	100%
Family of seven (7)	\$139,332	\$11,611	100%
Family of eight (8)	\$142,428	\$11,869	100%
Family of nine (9)	\$145,512	\$12,126	100%

* **To** estimate your monthly income from a weekly income, multiply the gross weekly wage by 4.33 (this allows for an equal distribution of earnings across the entire year; taking into consideration both four and five week months.)

*If you are paid bi-weekly, multiply the gross biweekly wage by 2.17 to equalize the monthly earnings over 12 months

- Families with a gross annual income *below* the 100% SMI annual income amount for their family size **may qualify for a reduced tuition rate**, therefore, it is recommended you apply. Please see list of required documents on back side of this sheet. (All documents must be submitted before application is processed.)
- Families *at or exceeding* the 100% SMI will pay **\$12.00(Leddy) or \$125(Mulcahey) per week.**

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Top section must be filled out even if not applying for Reduced Rate

If you wish to re-apply for a reduced tuition rate:

1. Fill out **all** information completely. (*Leaving blank spaces will delay the process.*)
2. You **MUST** also submit the following along with the documents mentioned on page 1:
 - **Most recent consecutive pay stubs for each working parent ...**
(4) If paid weekly, (2) if paid bi-weekly, (1) if paid monthly
 - **Official verification of child support, alimony, SSI, and/or other financial sources.**

If you DO NOT wish to apply for a rate adjustment:

1. Fill out top section only, check off appropriate box below, **sign and date the worksheet.**

Child's Name: _____ **D.O.B.** _____

Address: _____ **Phone #:** _____

Father/Guardian/Stepfather's Name (if living in the home): _____

Place of employment _____ Address of employer: _____

Of Regular hours of work per week: _____ Overtime: _____

Mother/Guardian/Stepmother's Name (if living in the home): _____

Place of employment: _____ Address of employer: _____

Of Regular hours of work per week: _____ Overtime: _____

I **DO NOT** wish to apply for the adjusted rate at this time and understand that I will be charged \$12.00 per day.

I **wish to apply for the adjusted rate.** Below is my income information. I understand that I must submit all required documents before a rate can be determined and that I will be charged \$12.00 if I fail to submit all paperwork.

Total Gross Monthly wages from all contributing adults:

Father's wages:	\$ _____
Mother's wages:	\$ _____
Child support / alimony received:	\$ _____
SSI / SSDA:	\$ _____
Other (specify): _____	\$ _____

(Add all amounts) Subtotal = \$ _____

(Minus) Child Support / Alimony paid: (subtract this amount) -- (_____)

Family Size: _____ **Total Gross Monthly Income:** = \$ _____

Signature of applicant: _____ **Date:** _____

For office use only:
Adjusted Gross Monthly Income: (monthly total / 4 x 4.33) (equalizes all months 4 or 5 wks.): \$ _____

Fee per day: \$ _____ Signature of school representative calculating rate: _____ Date: _____
 Of days per wk.: _____ Days attending: _____ Start date: _____
 LASID # _____

Student: Leddy/Mulcahey Preschool Income Worksheet (Page 2)

***REQUIRED FORMS FOR ALL FAMILIES APPLYING FOR REDUCED TUITION RATE ***

Please note: Reduced tuition is available to **Taunton Residents only**.

Families applying or re-applying for a reduced rate are required to complete & submit every year:

_____ **Income Worksheet (Page 1 & 2)**

_____ **Most recent month's pay stubs (see information above) and/or any document(s) showing other income** (child support, SSI/SSDA, unemployment, etc.) (if you are self-employed, please call the main office to request self-employment income forms)

_____ **One form of photo identification for all adults (parents/guardians) in the home.**
This can be a Driver's License, Passport, Federal/State Identification, or Military ID with photo.

_____ Copy of Birth Certificates for **all dependent children** under the age of 18, or under 24 if the child is a full-time student, who resides in the household with the child, and is financially dependent on the child's parents.

Date: _____

Student: Reduced Tuition Rate Eligibility Checklist

*(To be completed **only** if applying or re-applying for financial assistance)*

Child's Name: _____ **D.O.B.** _____

Address: _____ **Phone #** _____

Family Information:

Parent/Guardian Name(s) Living in the home: _____

Please Indicate: **Has your family size changed since last year? (Ex. New Baby)** **Yes** **No**

If yes, please submit birth certificate for any new family members.

_____ # of children under 18 yrs. in household (24 yrs. if full time student)

Name(s): _____

_____ Total family size (parents & children)

Check all that apply:

_____ 2 parent family	_____ Legal guardian	_____ Parent/guardian serving in military
_____ Single Parent family	_____ DSS adoptive family	
_____ Retired over 65 yrs.	_____ Foster child	
_____ Homeless/shelter	_____ Teen parent	

Family Income Sources

_____ TANF/TAFC	_____ Food Stamps	_____ FED Benefits
_____ Employed	_____ Housing	_____ Child Support
_____ SSI	_____ Self-Employed	

**Taunton Public Schools offers
LEDDY/MULCAHEY PRESCHOOL and the EXTENDED DAYCARE PROGRAM
A Full-Day of Learning and Growing!!**

For working parents, Leddy/Mulcahey Preschool and the Taunton Extended Day Program offer an excellent solution to providing a happy, positive full-day that features the highest quality preschool program and a supportive, educationally-based daycare setting. For children that take advantage of this full-day option, transportation can be provided between the Leddy Preschool and the Extended Day Program. This transportation is provided by the Extended Day Care Program. Children can attend the Leddy Preschool Program in either the morning or afternoon session.

Please note: The Extended Day Program ONLY accepts children who have turned 4 years old on or before August 31st.

The Extended Day Program and the Leddy/Mulcahey Preschool work closely together to meet the educational needs of all the children. The Extended Day Program was accredited by the National Association for the Education of Young Children in 2015.

The Taunton Extended Day Care Program operates from 7:00 AM to 5:30 PM each school day, during school vacations and during the summer months. Children must be 4 yrs. of age by August 31st to attend the Extended Day Program.

This quality program is associated with the school district and offers service for a reasonable fee.

Parents needing extended care are invited to contact the Taunton Extended Day Care Program for specific information about cost and service.

Donna Ross, Program Director, can be reached at **508-821-1224**.

Leddy/Mulcahey Preschool Parent Questionnaire

Part I – Language Use Information

Child's Name: _____ Date: _____ Male: _____ Female: _____

1. What language does the father/guardian speak at home most of the time? _____
2. What language does the mother/guardian speak at home most of the time? _____
3. In what language does the child respond to father? _____ Mother? _____ Sibling? _____
4. What language do sibling(s) speak? _____
5. How many years has the father/guardian lived in the U.S.? _____
6. How many years has the mother/guardian lived in the U.S.? _____
7. How long has the student lived in the U.S.? _____
8. Are there any other adults or relatives who live in the home or who babysit regularly for your child?

9. If yes, what language does the student speak with them? _____
10. When possible, please send materials to me in (check one): English ____ Spanish ____ Portuguese ____

Part II – Social / Emotional / Academic Issues

A. Please identify any specific concerns you may have regarding your child's development in each of these areas:

1. Speech and language: _____
2. Behavior: _____
3. Learning: _____
4. Getting Along with Others: _____
5. Hand / Eye Coordination: _____
6. Gross Motor Skills: (Running, Jumping, Etc.) _____
7. Ability to Pay Attention: _____
8. Other: _____
9. Which concern (if any) do you consider to be the most important? Please explain. _____

B. Developmental History:

1. Age when toilet trained: Day _____ Night _____
2. Any concerns about your child's sleeping pattern (going to bed, waking during the night, etc.)? _____

Part II – Social / Emotional / Academic Issues (continued)

C. Speech and Languages:

1. Age started talking: _____
2. Age use full sentences: _____
3. Can you understand your child's speech? Yes _____ No _____
4. Do other people have difficulty understanding your child? Yes _____ No _____
5. Any family history of problems with speech? Yes _____ No _____
6. Has your child's hearing been tested? Yes _____ No _____
 - a. If yes, Where? _____ When? _____
7. Has your child ever had speech and language testing? Yes _____ No _____
 - a. If yes: Where? _____ When? _____
8. Has your child ever had speech therapy? Yes _____ No _____

D. Behavior / Attending:

Please circle answer below.

1. Is difficult to manage? Yes No Sometimes
2. Has behavior problems? Yes No Sometimes
3. Displays temper tantrums? Yes No Sometimes
4. Gets very upset when told "No"? Yes No Sometimes
5. Is commonly "overactive"? Yes No Sometimes
6. Does your child have strong likes or dislikes about food, clothes, etc? Yes No Sometimes
7. Has difficulty separating from parents? Yes No Sometimes
8. Puts small objects in mouth? Yes No Sometimes
9. Has difficulty with change or transitions? Yes No Sometimes
10. Has a short attention span? Yes No Sometimes
11. Is aggressive toward himself/herself? Yes No Sometimes
12. Is aggressive toward others? Yes No Sometimes
13. Is destructive with objects? Yes No Sometimes
14. Difficult to discipline? Yes No Sometimes
15. Has your child ever received counseling services? Yes No Sometimes
 - a. If yes: Where? _____ When? _____

E. Educational History:

1. Early Intervention? _____ Services? _____
2. Day Care / Preschool? _____

Part III – STUDENT MEDICAL HISTORY: Please keep us informed of any medical changes.

Child's Name: _____ Date of Birth: _____ Male _____ Female _____

Please check any allergies diagnosed by a physician:

	EpiPen	
_____ Peanut / Tree Nut	Yes	No
_____ Milk	Yes	No
_____ Wheat	Yes	No
_____ Egg	Yes	No
_____ Soy	Yes	No
_____ Shellfish	Yes	No
_____ Insect	Yes	No
_____ Animal	Yes	No
_____ Medication	Yes	No
_____ Other	Yes	No

Has your child had allergy testing? _____ If yes, when? _____

Please check health conditions or concerns- include further description if needed.

Asthma	_____	-	_____
Diabetes	_____	-	_____
Seizures	_____	-	_____
Hearing Concerns	_____	-	_____
Vision Concerns	_____	-	_____
Requires Assistive devices	_____	-	_____
Autism (PDD)	_____	-	_____
Developmental delay	_____	-	_____
Prematurity	_____	-	_____
Cardiac Condition	_____	-	_____
Other	_____	-	_____

Please list any recent surgeries/hospitalizations, or other serious medical concerns:

List medications your child takes regularly:

Please note: We need a new doctor's order and signed parent consent form annually if your child requires an EpiPen or any other prescription medications during school hours. If you have any questions please contact our Leddy Preschool nurse: Alexandra Estrela BSN, RN @ 508-821-1275.

Person completing this form: _____ **Date:** _____

Signature: _____ **Relationship to child:** _____

**Taunton Public Schools
Edward F Leddy / Mulcahey Pre-School
Medical Information for Pre-School Admission**

School Year 2019 – 2020

Dear Parent / Guardian,

We are pleased that you have expressed an interest in our preschool program. To protect all of the children in schools in our state, the Massachusetts Department of Public Health has established minimum immunization requirements for all children. Children entering preschool are required, by state law, to have the following immunizations:

Hepatitis B:	3 doses
DTP / DtaP:	4 doses
Polio / IPV:	3 – 4 doses
HIB:	3 – 4 doses
MMR:	1 dose
Varicella:	1 dose or physician's certification of chicken pox history

Documentation Required for Registration:

1. Documentation of all the above immunizations. (Blue book is not acceptable)
2. Documentation of lead screening.
3. A copy of a physical exam, **signed by the physician**, done after September 1, 2018.

Parents seeking help with physical exams or immunizations may contact:

Dr. Elias School-Based Health Center
Benjamin A Freidman Middle School
500 Norton Avenue
Taunton, MA 02780
508-821-5779
Monday thru Friday, 7:30AM to 2:00PM during the school year.

Alexandra Estrela BSN, RN
Leddy Preschool Nurse
508-821-1275
508-821-1382 (FAX)

Leddy/Mulcahey Preschool

The Preschool Program of Excellence

508-821-1275

508-821-1366 (Fax)



Every Child

Every Day
College Bound