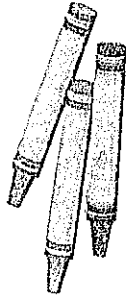


PROGRAM GOALS

- Provide an educational program that supports cognitive, emotional, physical, and social development needs of four year old children.
- Improve student achievement by establishing a critical foundation for success through early childhood education.
- Connect parents to school in a role of "partner" in their child's education.
- Support parent education for developing skills that will enable parents to help their child be successful in school.

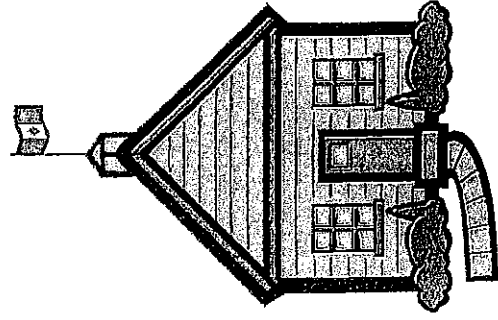
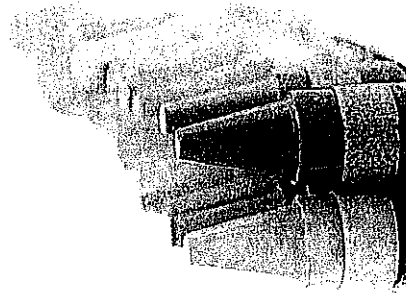
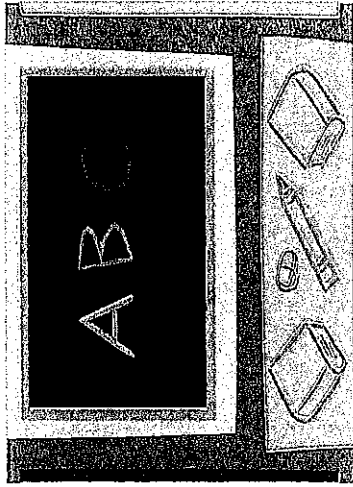
R.S.U #18 FOUR YEAR OLD PROGRAM



Tuesday - Friday

Morning Sessions
7:45 to 10:45

Afternoon Sessions
11:15 to 2:15



RSU 18
BELGRADE CENTRAL SCHOOL
158 DEPOT ROAD
BELGRADE, ME 04917
(207) 495-2321

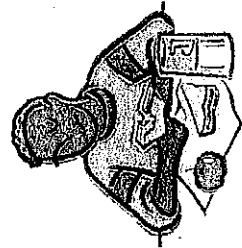
VISION

SELECTION – The selection of students for the program will be as follows:

There will be three membership groups for enrollment purposes: free/reduced lunch students; special education students; and all other students. If there are more students registered than spaces allotted for their membership group, students will be selected by lottery from that group. If there are open spaces in any membership group, students from the other two membership groups will be selected by lottery to fill those spaces. If a waiting list exists, available slots will be allocated on a “date received basis”, however priority will be given to the free/reduced and special education membership groups.

PERSONNEL – A teacher, certified in Early Childhood Education or Teacher of Young Children with Disabilities will teach the program with the support of an educational technician.

FOOD SERVICE – All morning children will receive breakfast program for which there is a minimal cost for those students not eligible for free or reduced lunch. Afternoon children will be expected to participate in the lunch program for which there is also a minimal cost for those students not eligible for free or reduced lunch.



The program will emphasize the following:

- Opportunities for children to develop self-esteem as learners
- Appropriate learning experiences that recognize needs of young children
- An individual approach to learning
- A curriculum that draws from real-life experiences
- Multi-sensory activities that support a variety of learning styles and hands-on learning
- Group experiences that promote cooperative play
- Communication skills and language development and a predictable, safe environment

REGISTRATION REQUIREMENTS

Students must be 4 years old by October 15th

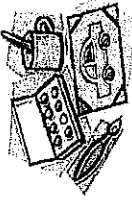
Parents must provide a copy of their child's birth certificate, health form, and current immunization records.

CURRICULUM

The curriculum is a literacy-based curriculum that is aligned with Maine Early Childhood Learning Guidelines and addresses all aspects of learning for four-year olds.

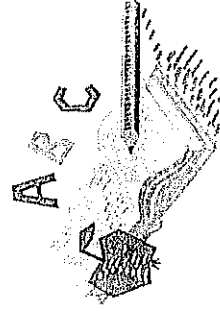
The program addresses nine major content areas:

1. Language and Early Literacy
2. Math and Problem Solving
3. Dramatic Play
4. Science
5. Blocks
6. Art
7. Manipulatives
8. Outdoors
9. Computer



Additional content areas included:

- Music and Movement
- Physical and Health Education
- Library
- Cooking



Student's Name: _____

Date Received: _____

Dear Parent,

We are beginning the process for Pre-K applications for the 2020 - 2021 school year. It is the parent's responsibility to ensure that each form in the packet is completed and returned to the address below in order for their child to be considered for the Pre-K program.

As each application comes in they will be dated and logged into our database, based on their completion. Applications will be considered completed once all forms are completed and returned.

- _____ Registration Form
- _____ Birth Certificate
- _____ Immunization Records
- _____ Student Health History
- _____ Residency Affidavit
- _____ Home Language Survey
- _____ ME Migrant/Seasonal Worker Education Survey
- _____ Child's Development Concerns

Prefer:
— a.m.
— p.m.

If any of the above forms are not completed and returned in your child's Pre-K packet, your child will not be considered for the Pre-K program.

Please return your completed application, by **April 17, 2020** to:

Belgrade Central School
158 Depot Road
Belgrade, ME 04917

Attn: Beverly Stevens

Thank you.

RSU# 18 Enrollment Form

School: Belgrade Central School

Grade: _____

A COPY OF THE STUDENT'S BIRTH CERTIFICATE MUST BE PROVIDED WHEN ENROLLING

RSU# 18 Enrollment Forms and Emergency/Permissions Sheets are stored in secured locations.

This form must be signed before starting school. All student information on this form is required and is used for local, state and federal funding.

-- Office Use Only --

Date of Entry:	Homeroom Teacher:	Birth Certificate certified by:	
AM Bus Assignment:		PM Bus Assignment:	

STUDENT NAME	LAST:	FIRST:	MIDDLE:		
Date of Birth:	Gender:	Year of Graduation:			
Home Phone:		Student Cell Phone:			
Town of legal Residence:					
Physical Address:		Mailing Address:			
City:	State:	Zip:	City:	State:	Zip:
Does student trace origins to Mexico, Puerto Rico, Cuba, Central and So America, and other Spanish cultures (regardless of race) Yes / No					
Race (circle all that apply) White / Black-African American / Asian / American Indian-Alaska Native / Native Hawaiian-Other Pacific Islander					
If student's US citizenship status is immigrant, enter US arrival date : _____ Enter date first enrolled in US School: _____					

PREVIOUS SCHOOL INFORMATION

Was the student Home Schooled? Yes No	Student was enrolled in what grade?
Previous School Attended:	Previous District Attended:
School Address:	School Phone:

MILITARY FAMILY CONNECTION

If one or both parents are in the active uniformed service of the United States or within one year of medical discharge or retirement from active uniformed services, please circle one: **Active Duty / National Guard or Reserve**

HOMELESS STATUS

If the student & immediate family are currently in a homeless situation, circle one: **In a shelter ~ Doubled up ~ Unsheltered ~ Motel/Hotel**
For Students Only: If you are an Unaccompanied Minor, are you currently: **In a shelter ~ Doubled up ~ Unsheltered ~ Motel/Hotel**

DAY CARE PROVIDER INFORMATION

Name: _____ Phone: _____
 Address: _____
 Day Care / Bus Instructions: _____

MEDICAL INFORMATION

Doctor:	Phone:	Dentist:	Phone:
Hospital preference? No Preference Inland Hospital		MaineGeneral-Thayer Unit	MaineGeneral-Augusta
Name of Health Insurance:		Policy and Group Number:	

Specific Emergency Directions: _____

List special medical considerations the school should be aware of:

List allergies the school should be aware of:

SPECIAL SERVICES

Has the student received Special Education Services in the past?	Yes	No
Is the student currently receiving Special Education Services?	Yes	No
If YES , you must provide a copy of the student's most current IEP to the Registrar.		
Has the student received Title 1 in the past?	Yes	No
Has the student received English Language Learner (ELL) Services in the past?	Yes	No

All numbers provided may be called in a district/school wide emergency

Contact
Priority
1

Name:					Relationship: Mother / Father / Guardian / Step Parent	
Priority	Phone	Ext	Text	Automated calls?	<input type="checkbox"/> Has or shares custody <input type="checkbox"/> Lives with student <input type="checkbox"/> Call for school pick up <input type="checkbox"/> Call in emergency	
	Mobile	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Home	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Day	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Work	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Pager	x	<input type="checkbox"/>	<input type="checkbox"/>		
Mailing Address				<input type="checkbox"/> Same as student	Email	

Contact
Priority
2

Name:					Relationship: Mother / Father / Guardian / Step Parent	
Priority	Phone	Ext	Text	Automated calls?	<input type="checkbox"/> Has or shares custody <input type="checkbox"/> Lives with student <input type="checkbox"/> Call for school pick up <input type="checkbox"/> Call in emergency	
	Mobile	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Home	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Day	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Work	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Pager	x	<input type="checkbox"/>	<input type="checkbox"/>		
Mailing Address				<input type="checkbox"/> Same as student	Email	

Contact
Priority
3

Name:					Relationship: Mother / Father / Guardian / Step Parent	
Priority	Phone	Ext	Text	Automated calls?	<input type="checkbox"/> Has or shares custody <input type="checkbox"/> Lives with student <input type="checkbox"/> Call for school pick up <input type="checkbox"/> Call in emergency	
	Mobile	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Home	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Day	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Work	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Pager	x	<input type="checkbox"/>	<input type="checkbox"/>		
Mailing Address				<input type="checkbox"/> Same as student	Email	

Contact
Priority
4

Name:					Relationship: Mother / Father / Guardian / Step Parent	
Priority	Phone	Ext	Text	Automated calls?	<input type="checkbox"/> Has or shares custody <input type="checkbox"/> Lives with student <input type="checkbox"/> Call for school pick up <input type="checkbox"/> Call in emergency	
	Mobile	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Home	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Day	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Work	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Pager	x	<input type="checkbox"/>	<input type="checkbox"/>		
Mailing Address				<input type="checkbox"/> Same as student	Email	

All numbers provided may be called in a district/school wide emergency

Additional
Contact
1

Name:		Relationship:				
Priority	Phone	Ext	Text	Automated calls?		
	Mobile	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Can pick up from school <input type="checkbox"/> Emergency Contact	
	Home	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Day	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Work	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Pager	x	<input type="checkbox"/>	<input type="checkbox"/>		

Additional
Contact
2

Name:		Relationship:				
Priority	Phone	Ext	Text	Automated calls?		
	Mobile	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Can pick up from school <input type="checkbox"/> Emergency Contact	
	Home	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Day	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Work	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Pager	x	<input type="checkbox"/>	<input type="checkbox"/>		

Additional
Contact
3

Name:		Relationship:				
Priority	Phone	Ext	Text	Automated calls?		
	Mobile	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Can pick up from school <input type="checkbox"/> Emergency Contact	
	Home	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Day	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Work	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Pager	x	<input type="checkbox"/>	<input type="checkbox"/>		

Additional
Contact
4

Name:		Relationship:				
Priority	Phone	Ext	Text	Automated calls?		
	Mobile	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Can pick up from school <input type="checkbox"/> Emergency Contact	
	Home	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Day	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Work	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Pager	x	<input type="checkbox"/>	<input type="checkbox"/>		

**Student Information Notices and Agreements
Annual Review [2020-2021 School Year]**

STUDENT COMPUTER AND INTERNET USE

Student use of school computers, network and internet is provided to all RSU#18 students. The RSU community recognizes that the use of technology is essential to the success of our students education. Students are required to comply with the student computer and internet policy (IJNDB) and accompanying rules (IJNDB-R).

DIRECTORY INFORMATION - (Annual Notice of Student Education Records Rights)

Under the federal Family Educational Rights and Privacy Act (FERPA), RSU# 18 has designated the following student information as directory information that can be made public at its discretion: name, participation and grade level of students in officially recognized activities and sports, height and weight of student athletes, dates of attendance in the school unit, and honors and awards received. However, parent(s)/guardian(s) and eligible students over 18 do have the right to request that directory information not be released.

- YES**, I do grant permission for directory information about my child to be released (this includes releasing honor roll information)
 NO, I do not grant permission for directory information about my child to be released (honor roll information will not be released)

INFORMATION ON RSU# 18 WEBSITE

RSU# 18 maintains a website to provide information about the schools, its programs and activities, and student and staff achievements. Maine law requires public schools to obtain written approval from parent(s)/guardian(s) prior to publishing personal information about students on the Internet. Such information may include: full names of students in connection with class rosters, honor rolls, awards received, and team/activity participant lists; group and/or individual photographs of students (no names will be used); individual student or class work (including but not limited to creative writing, research projects, art work, music performances, and audiovisual presentations).

- YES**, I do grant permission for my child's information to be published on the RSU# 18 website.
 NO, I do not grant permission for my child's information to be published on the RSU# 18 website.

OUTSIDE MEDIA

On occasion, RSU# 18 allows media outlets such as local newspapers, radio stations, and television stations to visit the school to report on school programs and activities. You have the right to deny permission for your child's name, picture, voice, or statements to be used by outside media. However, please note that permission is not required for events open to the public such as athletic events, concerts, performances, and graduation ceremonies.

- YES**, I do grant permission for the use of my child's name, picture, voice, and/or statement to be used by outside media.
 NO, I do not grant permission for the use of my child's name, picture, voice, and/or statement to be used by outside media.

FOR HIGH SCHOOL STUDENTS ONLY

The No Child Left Behind Act requires secondary schools to provide student names, addresses, and telephone numbers to both military recruiters and institutions of higher education upon request. Parent(s)/guardian(s) may prevent the release of student information to military recruiters and/or institutions of higher education, by checking the appropriate line(s) below. If the appropriate line is not checked or this signed form is not returned, the school is required by federal law to disclose the student's name, address, and telephone numbers to any military recruiters and/or institutions of higher education that request it.

INFORMATION PROVIDED TO MILITARY RECRUITERS

- YES**, I do grant permission for my child's name, address, and telephone number to be released to military recruiters.
 NO, I do not grant permission for my child's name, address, and telephone number to be released to military recruiters.

INFORMATION PROVIDED TO INSTITUTIONS OF HIGHER LEARNING

- YES**, I do grant permission for my child's name, address, and telephone number to be released to institutions of higher education.
 NO, I do not grant permission for my child's name, address, and telephone number to be released to institutions of higher education.

NOTE TO PARENT(S)/GUARDIAN(S): Permissions remain in effect until modified by the parent(s)/guardian(s). A signature is required below to modify any of the above permissions. This form may be requested at any time in order to make modifications.

NOTE: I give permission for RSU# 18 to provide necessary medical treatment for my child if he/she is injured or becomes ill at school. In the event I cannot be reached in an emergency, I give permission for RSU# 18 to transport my child to a medical facility to obtain medical care. I understand that RSU# 18 does not assume any financial responsibility for the provision of medical transportation and/or medical care, and any charges for such services remain my responsibility.



BELGRADE-CHINA-OAKLAND-ROME-SIDNEY

Pre-K Registration
Health Information

State Law requires that every child that attends public schools shall be immunized, unless exempt, for the following:

- 4 DTP (Diphtheria, Pertussis, Tetanus)
- 3 Polio (IPV-Inactivated Polio Vaccine)
- 1 MMR (Measles, Mumps and Rubella)
- 1 Varicella (Chicken Pox) or reliable history of disease

Each immunization entry must include the vaccine type, date administered and name of provider.

For immunization exemption requests: a waiver due to sincere religious beliefs or philosophical reasons will need to be signed. Please contact the school nurse for this waiver form.

It is strongly recommended that children entering Pre-K have a physical exam. Please include a copy with your completed packet.

STUDENT HEALTH HISTORY
RSU 18

Date: _____
Student Name: _____ Date of Birth: _____ Grade: _____
Parent's/Guardian Names: _____ Home Phone #: _____
Cell Phone #: _____ Work Phone #: _____ Other #: _____
Family Doctor: _____ Family Dentist: _____

Please read this form and check any box related to an illness or condition your child has or has had:

- | | |
|--|---|
| <input type="checkbox"/> Allergies:
<input type="checkbox"/> Bee Sting
<input type="checkbox"/> Medication required _____
<input type="checkbox"/> Food
<input type="checkbox"/> Medication required _____
<input type="checkbox"/> Other _____
<input type="checkbox"/> Medication required _____ | <input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Medication required _____
<input type="checkbox"/> Bed Wetting
<input type="checkbox"/> Eating Disorder Under/Overweight
<input type="checkbox"/> Emotional Problems
<input type="checkbox"/> Speech Difficulties |
| <input type="checkbox"/> Arthritis | |
| <input type="checkbox"/> Asthma
<input type="checkbox"/> Medication required _____ | |
| <input type="checkbox"/> Birth defect | |
| <input type="checkbox"/> Blood disorder | |
| <input type="checkbox"/> Cancer | |
| <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Vaccine <input type="checkbox"/> Disease | |
| <input type="checkbox"/> Cystic Fibrosis | |
| <input type="checkbox"/> Diabetic
<input type="checkbox"/> Medication required _____ | |
| <input type="checkbox"/> Epilepsy/Seizure
<input type="checkbox"/> Medication required _____ | |
| <input type="checkbox"/> Hearing Loss Right Ear ___ Left Ear ___ <input type="checkbox"/> Hearing Aid | |
| <input type="checkbox"/> Heart Disease/Defect | |
| <input type="checkbox"/> Hepatitis | |
| <input type="checkbox"/> Kidney Disorder | |
| <input type="checkbox"/> Migraine Headaches | |
| <input type="checkbox"/> Scoliosis | |
| <input type="checkbox"/> Vision impairment <input type="checkbox"/> Wears glasses/contacts/prosthetic | |
| <input type="checkbox"/> No Known Health Problems | |

Please use comment section below to provide information about any of the above conditions.

Comments: _____

Important Notice

Students entering school in RSU 18 **MUST SUBMIT PROOF** of required immunizations. A copy of the student's complete immunization records is required for entry.

Parent/Guardian Signature: _____ Today's Date: _____

Regional School Unit 18

Residency Affidavit

Date _____

I, _____ declare that I am the

parent or legal guardian of _____
please print student's name

and I reside at the following address in the town of _____.

Legal residence: _____

Verification of residency may be submitted by the following means:

_____ utility bill indicating legal residence (electricity, phone, oil, gas)

_____ lease agreement or rent payment receipt indicating legal residence and landlord's address and phone number

_____ drivers license, car registration or insurance card

_____ Social Services papers (i.e. Social Security, TANF, Homeless Shelter Verification)

_____ documentation of home ownership from the town office of Belgrade, Oakland, Sidney, Rome or China

_____ other _____ (requires superintendent's approval)

I hereby certify that this information is true and correct. I authorize RSU 18 to independently verify this information. Misinformation will result in RSU 18 requesting the student attend school in the actual school system of residence.

Signature

Registrar: please verify by placing your initials next to the appropriate line to verify residency.

Dear Parent(s)/Guardian(s):

Under the terms of a federal project administered by the Maine Department of Education, data must be collected on home language usage for all kindergarten and incoming new students. Also, schools are required under federal civil rights laws to identify all students whose home language is not English. Parents and guardians are most qualified to provide the school with this information. Please take a few moments to complete the questionnaire on the reverse side of this page about the language(s) spoken in your home. After answering the questions, please have your child return the questionnaire to his/her homeroom teacher promptly.

You may be assured that the information that you provide in the questionnaire will be used only to assist the Department in planning programs to provide appropriate educational opportunities to all students in your school. The federal government will receive group data only. Access to the information provided in the short survey cannot be released without permission from you. Only those persons with legitimate educational interests, including in this case the Maine Department of Education, will have access to this information.

Please stress to your son or daughter the importance of returning the completed questionnaire promptly. Do not hesitate to call your school principal if you have questions about the survey. Thank you for your assistance in helping us meet this requirement.

Sincerely,

April Perkins, Director

Every Student Succeeds Act, Title III (Instruction for English Language Learners)

Complete the home language survey on the reverse side of this page and return it to your home room or advisory team teacher tomorrow or on the next school day.

Surveys in other languages are available at:

<https://www.maine.gov/doe/learning/englishlearners/policy/survey>

HOME LANGUAGE SURVEY

STUDENT'S

NAME _____ SCHOOL _____

GRADE _____

TOWN _____ DATE _____

Directions: Answer each question by putting the appropriate number in the box at the end of each question. If you answer "10. Other," specify the language.

1. What language do you **MOST OFTEN** use when speaking to your child?

- | | | |
|------------------|---------------|------------------|
| 1) English | 4) Vietnamese | 7) Spanish |
| 2) French | 5) Arabic | 8) American Sign |
| 3) Passamaquoddy | 6) Khmer | 9) Somali |

10) Other: (specify) _____

2. What language did your child **FIRST** learn to speak? 1 2 3 4 5 6 7 8 9

3. What language does your child **MOST OFTEN** use when speaking to brothers, sisters, and other children at home? 1 2 3 4 5 6 7 8 9

4. What language does your child **MOST OFTEN** use when speaking to you and other adults in the home? (grandparents, aunts, uncles, guests) 1 2 3 4 5 6 7 8 9

5. What language does your child **MOST OFTEN** use when speaking with friends or neighbors, **OUTSIDE** the home? 1 2 3 4 5 6 7 8 9

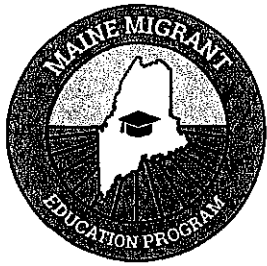
*This survey, approved by the U.S. Office for Civil Rights, is available in these languages at <https://www.maine.gov/doe/learning/englishlearners/policy/survey>

Acholi	French	Japanese	Lingala	Somali	Vietnamese
Arabic	German	Khmer	Pashto	Spanish	
Chinese	Gujarati	Kinyarwanda	Portuguese	Swahili	
English	Haitian Creole	Kirundi	Russian	Tagalog	
Farsi	Hindi	Korean	Serbian	Thai	

TO THE TEACHER:

(1). If you have observed this student use a language other than English, please indicate other language here: _____

(2) Was the child's first language development interrupted at some point in time due to adoption, relocation of family or similar event that might suggest second language usage? ___yes ___no



Maine Migrant Education Program

School Survey 2020-2021







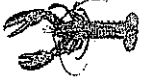

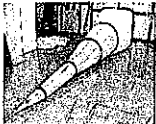





School Name: Belgrade Central School District: RSU #18

The following information is confidential and for Migrant Education screening only

Please complete to see if your child may qualify for **free services** such as: **free lunch, education and support services, and graduation support**

1. Have you or anyone in your home worked temporarily or seasonally in agriculture or fishing anywhere in the U.S. in the past 3 years? Yes No

If yes, please circle all that apply:

 Feed Cattle, Processing, Packing	 Dairy	 Eggs	 Blueberries	 Cultivation, Soil Preparation	 Fishing, Fish Processing	 Lobstering
 Broccoli / Cauliflower	 Fishing Elvers	 Forestry (landscaping not included)	 Greenhouse, Nursery, Sod	 Harvest Potatoes	 Picking Apples	 Harvest ANY fruits or vegetables

2. If yes, did you or that person change your residence to do this work (even if only for a short period of time like a week)? Yes No

3. Have your children moved with you across school district lines in the last 3 years? Yes No

Parent/Guardian Name: _____ Phone: _____

Street Address: _____ City: _____

Best Day and Time to Call: _____ Email: _____

Please list children below:

First Name	Last Name	Grade	Date of Birth

Please return this form to one of your child's teachers, or to the central office of your school. We will call you to see if your children are eligible for the program.

If you would like to speak with us directly about our services, call (207) 624-6722. Thank you!

SCHOOL STAFF: PLEASE MAIL US THIS FORM IF ALL QUESTIONS SAY 'YES'

For the most up to date version of this form go to website: <https://www.maine.gov/doe/migrantform>

RSU 18
PRE - K
CHILD DEVELOPMENT CONCERNS

PARENT NAME: _____

CHILD'S NAME: _____

Do you have any concerns about your child's development?

_____ Yes _____ No

- _____ Speech/Language
- _____ Listening
- _____ Motor Coordination
- _____ Behavior

Would you like a meeting with the teacher prior to the start of school to discuss the needs checked above?

_____ Yes _____ No

Thank you.