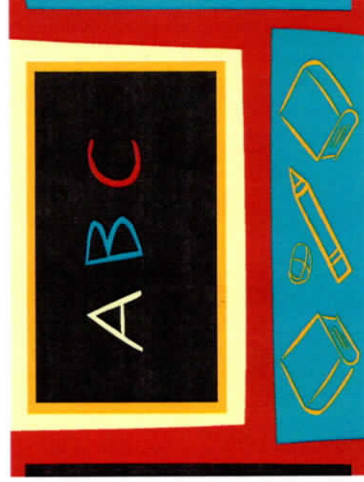


PROGRAM GOALS

- 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.

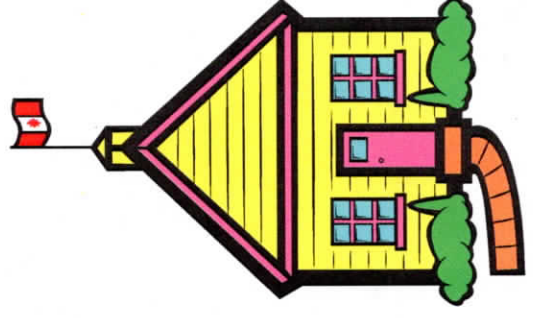


R.S.U #18 FOUR YEAR OLD PROGRAM

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

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 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

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

REGISTRATION REQUIREMENTS

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



Student's Name: _____

Date Received: _____

Dear Parent,

We are beginning the process for Pre-K applications for the 2023 - 2024 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

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.

Although we cannot always honor the preferred time slot due to class size and other restrictions, please indicate your preference below:

_____ AM _____ PM

Please return your completed application, by **April 14, 2023** to:

Belgrade Central School
158 Depot Road
Belgrade, ME 04917

Attn: Abbey Bailey

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: _____ PM Bus: _____ If homeschool, % of day in school: _____

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			

HOMESCHOOL INFORMATION

PREVIOUS SCHOOL INFORMATION

If the student is currently homeschooled,
are they enrolling in RSU#18 **Part Time** or **Full time**
If part time, is homeschool application filed with the state? **Yes No**
Homeschool grade level: _____
School Attended: _____ Grade Level: _____
District Attended: _____
School Phone: _____
School Address: _____

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 / Full Time National Guard / National Guard or Reserve / Not Military Connected**

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:			<input type="checkbox"/> Can pick up from school <input type="checkbox"/> Emergency Contact
Priority	Phone	Ext	Text	Automated calls?	
	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"/>	

Additional
Contact
2

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

Additional
Contact
3

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

Additional
Contact
4

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

Student Information Notices and Agreements Annual Review [2023-2024 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 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.

An important note concerning immunization exemption requests: Effective September 1, 2021, L.D 798, “An Act to Protect Maine Children and Students from Preventable Diseases” repealed certain exemptions from the Laws governing immunization requirements in 2019. Exemptions based on religious or philosophical beliefs are no longer available effective September 1, 2021.

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

RSU 18
Belgrade, China, Oakland, Rome, Sidney
Student Health History

Student Name: _____ Student DOB: _____ Grade: _____
Resides with: (**Please circle one**): Mom Dad Both parents Guardian/other _____
Address (Street, Town, ZIP code): _____
Phone Number(s): Home: _____ Cell: _____ Work: _____
Family Doctor/Pediatrician: _____ Family Dentist: _____

Does your child **CURRENTLY** have any of the following? **Please circle Yes or No**

Yes	No	Allergies: (Medication, food, environmental, bee stings, etc.)
Yes	No	If the allergy requires an Epi-Pen, does the physician allow them to self-carry?
Yes	No	Asthma
Yes	No	Does the student have an Asthma Action Plan from their doctor?
Yes	No	Does the physician allow the student to self-carry their inhaler?
Yes	No	Epilepsy/Seizures (Please provide Seizure Treatment Plan)
Yes	No	Diabetes (If insulin dependent, please provide a Diabetes Road Map)
Yes	No	Physical limitations that interfere with daily activities
Yes	No	Attention Deficit Disorder (with or without hyperactivity)
Yes	No	Behavioral or Emotional difficulties
Yes	No	Migraine headaches
Yes	No	Vision or hearing deficits (glasses, contact lenses, hearing aids)
Yes	No	Incontinence (bed wetting, still potty training, etc.)
Yes	No	Speech difficulties

Have any of these occurred with your child **IN THE PAST**? **Please circle Yes or No**

Yes	No	Significant injury (fracture, dislocation, etc.)
Yes	No	Developed a chronic illness
Yes	No	Head injury (concussion, skull fracture, etc.)
Yes	No	Surgery or hospitalization

General Information regarding your child: **Please circle Yes or No**

Yes	No	Up-to-date on their immunizations?
Yes	No	Received immunizations in the past year ?
Yes	No	Currently under a doctor's care for a medical condition?
Yes	No	Currently taking medication at home?
Yes	No	Required to take medication during the school day?

If you answered **YES** to any of the above questions, please explain here: Please include any other information you would like us to know about your child.

Parent/Guardian Signature: _____ 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/Guardian:

Maine welcomes families of all cultural and linguistic backgrounds. Speaking more than one language is a valuable asset, and we encourage families to maintain their languages while learning English. Students who speak or understand another language may be entitled to support to improve their English in order to meet Maine's challenging academic standards. The following questions, required for all students from pre-kindergarten through grade 12, will help your school determine whether your child may benefit from English language support services.

- If a language other than English is indicated, your child will be administered an English language screener.
- Depending on your child's score, your child may be classified as an English Learner and eligible for English language support.
- If you would like this letter and the survey below to be provided in another language, or if you would like an interpreter, your school will fulfill those requests.
- If you have questions about this survey, please contact your school principal.

Be assured that your answers will be used only for educational purposes. The completed survey will be kept in your child's permanent file, and only school staff will have access to it. No school employee may inquire about the immigration status of any member of your family.

Thank you for providing this information, and I wish your student great academic success.

Sincerely,

April Perkins

Director of ESOL and Bilingual Programs, Maine Department of Education

LANGUAGE USE SURVEY

Student's Name: _____

Date of Birth: _____

School: _____

Anticipated Grade: _____

Please do not leave any question unanswered.

1. What language(s) did your child first speak or understand?
2. What language(s) does your child **most easily** speak or understand?
3. What language(s) do people use with your child daily?

Parent/Guardian Signature: _____

Date: _____

School Use Only

Post-enrollment Identification: If no language other than English is indicated by a parent/guardian on this survey, an English language screener may be administered **only** if this section is completed by a teacher.

Describe evidence that the student's English language development has been affected by a primary or home language other than English:

Teacher Signature: _____

Date: _____

**PLACE THE ORIGINAL OF THIS COMPLETED DOCUMENT IN THE STUDENT'S
PERMANENT RECORD FOLDER**



Maine Migrant Education Program

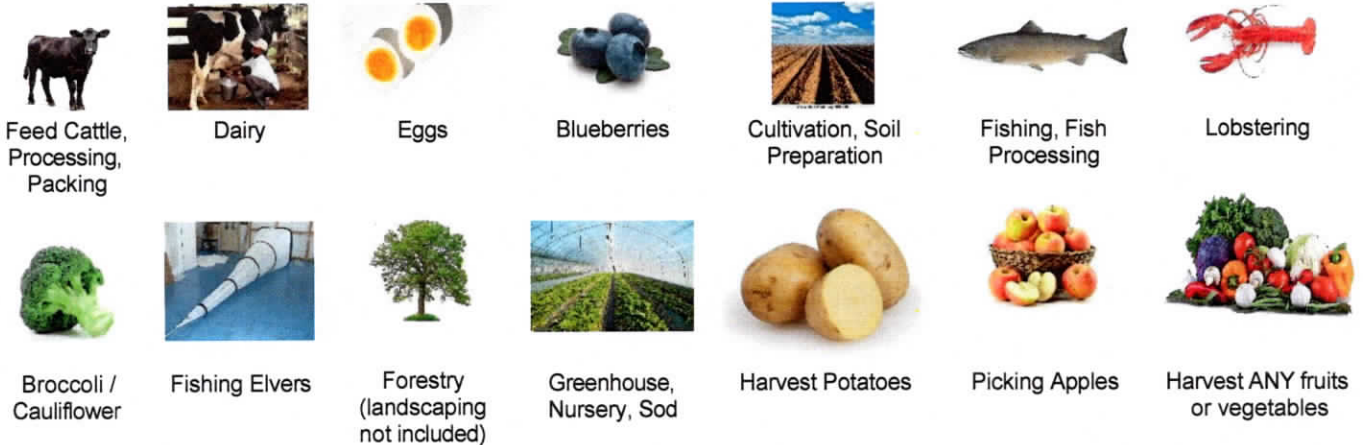
School Survey

School Name: _____ School District: _____

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:



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) 530-1807. 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>

Maine Migrant Education
Dept. of Education
23 State House Station Augusta, ME 04333-0023

Matthew Flaherty
Matthew.Flaherty@maine.gov
(207) 530-1807

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.