

3-Year-Old Program Application

Parent/Guardian/Caregiver Checklist

Student's Name: _____

Thank you for applying to the Cambridge Public Schools! We are delighted that you are interested in our programs. Very limited seats are available in our programs for preschool-aged children, so applications will be entered into a Lottery Process. Various factors will be considered which may give special weight to your application based on the educational needs of each of our three preschool programs. These priorities and criteria are listed in the Choice section of this form. The goal of this lottery is to provide equal access to our 3-Year-Old programs while considering the educational needs of specific programs.

Required Forms: Please Complete & Sign

- ☐ 1. Application form
- ☐ 2. Home Language Survey
- ☐ 3. Health History Form
- ☐ 4. Controlled Choice Form

Required Documents: Please Submit When Applying

These documents must be submitted at the time of application with the above forms, 1 to 4. The Student Registration Center will make copies and return all original documents.

- ☐ 5. **Proof of Age** (birth certificate or passport)
- ☐ 6. **Proof of Address** - provide one of the following:
Lease • Section 8 Agreement • Purchase & Sales Agreement • Mortgage Statement • Deed
Notarized Letter from Landlord • Letter from Homeless/Transition Service Provider • Property Tax Bill
- ☐ 7. **Proof of Occupancy** - provide one document dated within 30 days
Gas Bill • Oil Bill • Electric Bill • Cable Bill • Homeless/Transition Service Provider Letter
- ☐ 8. **Proof of Parent/Guardian/Caregiver Identity** - provide one of the following:
Massachusetts Driver's License • Massachusetts Photo ID • Vehicle Registration • W-2 Form
Passport • Payroll stub or bank statement dated within 60 days • Excise or Property Tax Bill
- ☐ 9. **Student Immunization Record** (Must be submitted to the SRC at the time of application)
Please Note: In addition, you must provide your child's most recent physical exam record to the school nurse at the start of the school year.

Additional Documentation – If Applicable

- ☐ **Guardianship Papers or Notarized Caregiver Authorization Affidavit:** Provide if the person registering the student is other than the parent listed on the student's birth certificate.
- ☐ **Doubling Up Form:** For the student and their family who are living with relatives/friends and is not named on the Proof of Address documents or Proof of Occupancy documents. Proof of Address & Occupancy for person with whom you are staying are also required. (This form can be requested from the Student Registration Center)
- ☐ **Copy of student's Individualized Education Program (IEP)** (will be forwarded to the Office of Student Services)
- ☐ **Copy of student 504 Plan** (will be forwarded to the Office of Student Services)
- ☐ **Previous school records:** Provide directly to student's assigned school.

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Student Registration Center • 459 Broadway • Cambridge, MA 02138 • welcome@cpsd.us • 617.349.6551 • www.cpsd.us • fax: 617.349.6552

Demographics	The provision of the following information is purely voluntary. Declining to provide this information will not affect the student's registration process.			
	1. Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> White/Caucasian			
2. Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino				
Siblings	Please list siblings (Brothers or Sisters) We cannot guarantee your child will be admitted to a program in the same building as siblings.			
	Name	Birth Date	Grade	School
	_____	____/____/____	_____	_____
	_____	____/____/____	_____	_____
	_____	____/____/____	_____	_____

3-Year-Old Programs

Limited seats are available. Applications will be entered into a lottery to be assigned a random number, with priority "bonus points" added based on program-specific assignment factors. Specific needs of the programs establish assignment criteria, which can affect the order in which students are admitted. You may apply to one, two, or all three programs but please rank order your 1st, 2nd, and/or 3rd choice.

Please Rank (1, 2, 3)

Assignment Factors

<p>_____ Fletcher Maynard Academy Scholar College (7:45a.m.–3:45p.m.)</p> <p>Scholar College consists of one classroom of 18 students who enter Fletcher- Maynard Academy (FMA) at age 3. FMA Scholar College follows the same academic calendar and same school day as the K-5 Fletcher Maynard Academy. Admission priority will be provided to siblings (brothers or sisters) of current FMA students, graduates of FMA Baby University and graduates of other Cambridge Baby University programs. Students who complete Scholar College are automatically enrolled in Kindergarten at FMA and therefore may not participate in the Kindergarten Lottery and will not be eligible for preference points.</p> <p>_____ Tobin Montessori Children's House (7:55 a.m.–1:55 p.m./early pickup at 11 a.m.)</p> <p>Tobin Montessori admits 40 children between the ages of 3-4 years-old into Children's House, where children spend 3 years in the same class with the same teacher in order to foster maturity and independence. Because these students continue onto the 4-year-old classroom, there are very few (or sometimes no) seats available for children entering at age 4 or 5. By age 5, children have experienced the spiral Montessori curriculum within the same school day and academic calendar as the wider Tobin Montessori School. Students who enter at age 3 or age 4 are automatically enrolled in Kindergarten at Tobin Montessori and therefore may not participate in the Kindergarten Lottery and will not be eligible for preference points.</p> <p>_____ Special Start Integrated Classrooms (8 a.m.–12 p.m.)</p> <p>Special Start's six integrated classrooms offer approximately 35 students without disabilities a low student:teacher ratio and a quality preschool curriculum within a part-time (8 a.m. - noon) school day that follows the CPS school year. Classrooms assignments are determined by the needs of the program and must be balanced by SES, age, and gender. Students without disabilities will be required to enter the Kindergarten lottery. The location of Special Start classrooms does not affect Kindergarten placement decisions.</p>	<p><input type="checkbox"/> FMA Sibling <input type="checkbox"/> FMA Baby U <input type="checkbox"/> Baby U</p> <p><input type="checkbox"/> Tobin Sibling</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Age 3 <input type="checkbox"/> Age 4</p>
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I understand that pursuant to Massachusetts law and Cambridge School Committee policy, students who actually reside in the City of Cambridge may attend the Cambridge Public Schools and students who do not actually reside in the City of Cambridge may not attend the Cambridge Public Schools, unless a policy exception applies. I hereby acknowledge that no such policy exception applies to the child named on this registration form. I also acknowledge that I am required to notify the school Principal, in writing, of any changes in said student's address within five (5) calendar days of such change of address.

I understand that this certification will be relied upon by the Cambridge Public Schools for the purpose of determining the eligibility to attend the Cambridge Public Schools on the basis of residency. If it is subsequently determined that the student does not actually reside in Cambridge, I understand that the student's enrollment in the Cambridge Public Schools will be promptly terminated and that I will be liable to the Cambridge Public Schools for the student's tuition for the duration of the student's attendance in the Cambridge Public Schools.

I understand that after seven (7) years of my initial date of registration, or if I withdraw my child from CPS, my registration file will be destroyed but that I may claim my file from the Student Registration Center within the first seven years of my initial date of registration or my withdrawal of my child from CPS, whichever comes first.

I hereby certify that I can, and will upon request, substantiate all statements made on this application and that such statements are true, accurate, and complete and are made in good faith.

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

Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information

First Name _____ Middle Name _____ Last Name _____ Gender F ☐ M ☐
 Country of Birth _____ Date of Birth (mm/dd/yyyy) _____ Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____

School Information

Start Date in New School (mm/dd/yyyy) _____ / ____ / 20____ Name of Former School and Town _____ Current Grade _____

Questions for Parents/Guardians

What is the primary language used in the home, regardless of the language spoken by the student?

Which language(s) are spoken with your child?

(include relatives -*grandparents, uncles, aunts, etc.* - and caregivers)

_____ seldom / sometimes / often / always

_____ seldom / sometimes / often / always

What language did your child first understand and speak?

Which language do you use most with your child?

How many years has the student been in U.S. Schools? (not including pre-kindergarten)

Which languages does your child use? (circle one)

_____ seldom / sometimes / often / always

_____ seldom / sometimes / often / always

Will you require written information from school in your native language? Y N

If yes, what language? _____

Will you require an interpreter/translator at Parent-Teacher meetings? Y N

If yes, what language? _____

Parent/Guardian Signature:

X

_____ / ____ / 20____
 Today's Date: (mm/dd/yyyy)



Health History Form

School Health Program



This form should be filled out by the child's PARENT/GUARDIAN/CAREGIVER. Return the completed form to your child's school nurse.

Name of Child _____ Date of Birth _____ Gender _____ Grade _____ Rm # _____
Address _____

..... PARENT/GUARDIAN/CAREGIVER INFORMATION

Parent/Guardian/Caregiver #1: Name _____

Email _____ Tel # (H) _____ (C) _____ (W) _____

Parent/Guardian/Caregiver #2: Name _____

Email _____ Tel # (H) _____ (C) _____ (W) _____

Emergency Contacts: Name _____ Relationship _____ Tel # _____

Name _____ Relationship _____ Tel # _____

..... MEDICAL HISTORY

Health Concerns: Does your child have any health concerns the nurse needs to be aware of? ☐ Yes ☐ No

If YES, please describe: _____

Can your child participate in all school activities? ☐ Yes ☐ No

Allergies: Does your child have any allergies? ☐ Yes ☐ No If YES, what is child allergic to? _____

Does your child carry an Epi Pen? ☐ Yes ☐ No

Medication: Does your child currently take medications? ☐ Yes ☐ No

If YES, what medicine(s)? _____

Has Your Child Received the COVID-19 Vaccine? ☐ Yes ☐ No If YES, dates _____ Type _____

Past Medical History: Date of last doctor's visit _____

Does or has your child received medical care for any of the following:

- | | | | | |
|--|-------------------------------------|--------------------------------------|----------------------------------|-----------------------------|
| <input type="radio"/> Asthma | <input type="radio"/> Diabetes | <input type="radio"/> Kidney Disease | <input type="radio"/> Orthopedic | <input type="radio"/> Other |
| <input type="radio"/> Concussion/Head Injury | <input type="radio"/> Heart Disease | <input type="radio"/> Mental Health | <input type="radio"/> Seizure | |

..... MEDICAL PROVIDER INFORMATION

Primary Care Provider: Name _____ Clinic/Practice Name _____

Dentist: Name _____ Clinic/Practice Name _____

Other Provider: Name _____ Clinic/Practice Name _____

Health Insurance Type: ☐ Mass Health ☐ Private Insurance ☐ Other _____

If you do not have a doctor or health insurance:

Would you like assistance finding a health care provider? ☐ Yes ☐ No

Would you like assistance obtaining health care insurance? ☐ Yes ☐ No

..... PARENT/GUARDIAN/CAREGIVER CONSENT

The school nurse has permission to share information with school staff as s/he determines appropriate for my child's health and safety. ☐ Yes ☐ No

The school nurse has permission to share and receive the following information about my child with my child's healthcare provider:

Prescribed medications: ☐ Yes ☐ No

My child's medical conditions: ☐ Yes ☐ No

Mental health/counseling concerns: ☐ Yes ☐ No

Other: _____



Parent/Guardian/Caregiver Signature: _____

Print Name: _____ **Date:** _____

School health services are provided to CPS through a collaborative agreement with the Cambridge Public Health Department.

Controlled Choice Form

Voluntary Disclosure of Eligibility for Free/Reduced Price Meals for the Purpose of School Placement

FORM

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Does your household qualify for the Federal School Meals Program?

Please refer to the chart titled, “Who Can Get Free or Reduced Price Meals?” at the bottom of this page and indicate yes, no, or that you decline to answer. Your eligibility for this program is used to facilitate socioeconomic integration component of the Cambridge Public Schools Controlled Choice Plan and Policy.

- ☐ **Yes** – I am eligible for free or reduced price meal benefits.
- ☐ **No** – I am not eligible for free or reduced price meals benefits.
- ☐ **I decline** to disclose this information.

I acknowledge and agree to release to the Cambridge Public Schools’ Student Registration Center information concerning my child’s eligibility or non-eligibility for price meal benefits. I acknowledge and agree that the Cambridge Public Schools’ Student Registration Center may use this information to help determine the placement of my child.

I understand that I am not required to release this information and that my declining to sign this form will not affect my child’s eligibility and participation for price meal benefits or non-eligibility for price meal benefits. I understand that if I elect not to release this information, the Cambridge Public Schools’ Student Registration Center will consider my child non-eligible for free and reduced price meals when using this information to help determine placement for my child.

I have read this release and understand its terms and sign it voluntarily.

Parent Name: _____ Student Name: _____

Signature: _____ Date: _____

Please Note:

This voluntary disclosure is used in the registration process only. When your child begins school, you must submit your formal application for the federal free and reduced price lunch program and be determined to be eligible to receive free or reduced price meals.

WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from MA SNAP or MA TANF are eligible for free meals.
- Foster children that are under legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school’s Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household’s income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2024-25

Household Size	Yearly	Monthly	Weekly
1	\$27,861	\$2,322	\$536
2	\$37,814	\$3,152	\$728
3	\$47,767	\$3,981	\$919
4	\$57,720	\$4,810	\$1,110
5	\$67,673	\$5,640	\$1,302
6	\$77,626	\$6,469	\$1,493
7	\$87,579	\$7,299	\$1,685
8	\$97,532	\$8,128	\$1,876
Each additional family member	\$9,953	\$830	\$192

Cambridge Public Schools

Department of English Language Learner Programs

Consent to Test for ELL Services

Tobin M3 & M4, FMA Scholars

Date_____

Dear Parent/Guardian/Caregiver,

In the Cambridge Public Schools, English language learner services begin in Kindergarten. If your child is identified as a possible English Language Learner, we will test your child's English language proficiency at the end of the MK 4 school year.

The results of English language proficiency test will be sent to you in the mail. We will contact you to discuss the results of the test and possible recommendations if it is determined that your child qualifies for the ELL or SEI program.

☐ I give permission for my child to be tested for possible ELL services in the spring.

Parent/Guardian/Caregiver Signature _____

Please feel free to contact your child's teacher or Beth Kershner, Director of JK-12 English Language Programs at 617-349-6468 with any questions or concerns you may have.



Student Registration Center
Cambridge Rindge & Latin School
459 Broadway • Cambridge, MA • 02138
Tel. 617.349.6551 • Fax. 617.349.6552
SRC@CPSD.US • <http://www.cpsd.us>

Date: _____

I hereby authorize the officials of the _____
Name of Student's Former School

Former School Address

Former School Telephone Number

Former School Fax Number

Former School Email Address

To release the following information on my child:

Full Name of Student

Date of Birth (MM/DD/YYYY)

Grade

- _____ Cumulative Academic Record (Including Standardized Test Results)
- _____ Health Records
- _____ Special Education/IEP Information/504 Plan
- _____ Discipline Records
- _____ All ELL testing records & ACCESS reports

Please scan & email or fax the above requested information to the following:

Student Registration Center
Cambridge Public Schools
459 Broadway
Cambridge, MA 02138

Email to: SRC@CPSD.US
FAX to: 617-349-6552

Student's New Address:

Signature of Parent/Guardian