Last Name: First Name: DOB:

Gardner Public Schools

Developmental History Form: Year _____

STUDENT INFORMATION			
Last Name	First	M.I.	Today's Date
Date of Birth	Place of Birth	Preferred Name	
Emergency Contact Name	Emergency Contact #	Relationship to Child	
Child Lives With ☐ Both Parents ☐ Mother ☐ Father	Other person(s) living in the home		
Child's Legal Guardian(s) **if** other than both parents			
Please note any legal restraining issues currently active regarding this **child** and attach documentation			
Name of Individual filling out this form	Relationship to Child		

PARENT INFORMATION			
Parent/Guardian 1 Last Name	Parent/Guardian 1 First Name		
Parent/Guardian 1 Address			
City	State	Zip	Primary Phone
Date of Birth	Place of Birth	Last Grade Completed	
Occupation	Place of Employment	Work Phone	
Parent/Guardian 2 Last Name	Parent/Guardian 2 First Name		
Parent/Guardian 2 Address			
City	State	Zip	Primary Phone
Date of Birth	Place of Birth	Last Grade Completed	
Occupation	Place of Employment	Work Phone	

EDUCATIONAL HISTORY		
Has your child previously attended a preschool program? ☐ YES ☐ NO	If yes, name of program	
Dates Attended	Hours Per Day	Days Per Week
I, the parent/legal guardian of the above named child, give permission for the Gardner Public Schools to review my child's previous written school records and/or talk to his/her formers teacher(s).	Parent/Guardian Signature	
Please check any of the services your child receives ☐ IEP ☐ 504 ☐ Speech ☐ DCF ☐ Early Intervention		

FAMILY HISTORY	
Is there a family history that may affect this child's adjustment to school? (Please check and comment for applicable family event.)	
☐ Adoption	Comments:
☐ Foster Placement	Comments:
☐ Parent-Child Separation	Comments:
☐ Other	Comments:
Sibling Information:	

Last Name: First Name: DOB:

Name	Gender	DOB	Health	Lives in Home ☐YES ☐NO
Name	Gender	DOB	Health	Lives in Home ☐YES ☐NO
Name	Gender	DOB	Health	Lives in Home ☐YES ☐NO
Name	Gender	DOB	Health	Lives in Home ☐YES ☐NO

Has an older sibling demonstrated difficulty in school? If yes, please describe. ☐YES ☐NO

Comments:

Has this sibling ever received special services for any of the following? (Please check and comment for applicable services.)

☐Speech	Comments:
☐Emotional	Comments:
☐Physical Disability	Comments:
☐Developmental Delays	Comments:

DEVELOPMENTAL MILESTONES

At what age did your child first:	Sit?	Walk?	Toilet Trained Day?
Toilet Trained Night?	Use Single Words?	Use Sentences?	Sleep Through the Night?

Has your child eaten any non-food products such as paint, dirt, pencils, paper, etc.? If yes, please explain. ☐YES ☐NO

Comments:

Has your child displayed any unsafe behaviors such as ingestion of pills/medication, darting **into** road, fire setting, etc.? If yes, please explain.
☐YES ☐NO

Comments:

SOCIAL DEVELOPMENT

Please indicate this child's preferences regarding play and social interaction. (Check all that would apply.)

☐Solitary Play	☐In Groups	☐With Older Children
☐With Younger Children	☐Own Age Group	☐No Preferences

Describe child's relationships with his/her:	Father
	Mother
	Siblings
	Other Family Members

Does this child relate easily to non-family children and adults? ☐YES ☐NO

Comments:

Does this child have any serious fears or phobias? ☐YES ☐NO

Comments:

Difficulty Sleeping?	Restless Sleeper?	Snore?
Grind Teeth?	Sleep Walk?	Night Terrors?

Is there anyone in your family who has experienced seizures or other neurological problems? ☐YES ☐NO

Comments:

Last Name: First Name: DOB:

Is there anyone in your family who has had attention difficulties? ☐YES ☐NO			
Comments:			
Is there any significant medical or mental health issue with any member of your family? ☐YES ☐NO			
Comments:			
Do you have any behavioral concerns for your child? ☐YES ☐NO			
Comments:			
Has your child ever engaged in counseling or therapy? ☐YES ☐NO			
Comments:			

MEDICAL HISTORY

Prenatal – Check all that occurred during the pregnancy for **this** child:			
☐Excessive Weight Gain (>25lbs.)	☐Poor Weight Gain (<10 lbs.)	☐Bleeding or Spotting	☐Toxemia/High Blood Pressure
☐Gestational Diabetes	☐Exposure of mother to measles, mumps, or chicken pox while pregnant		

Delivery – Check all that occurred during the delivery of **this** child:		
☐Spontaneous Labor (Began on its own)	☐Induced Labor	☐Vaginal (Head First) Delivery
☐Vaginal (Feet First) Delivery	☐Forceps Delivery	☐Cesarean Delivery*
*If Cesarean Delivery, was it due to fetal distress (the baby was having trouble)? ☐YES ☐NO		
Neonatal – Check all that occurred during the newborn stage for **this** child:		
☐Supplemental Oxygen Required	☐Premature Delivery (_____ weeks early)	☐Severe Yellow Jaundice, Blue Spells
☐Newborn Convulsions/Seizures	☐Born with Medical Problem (i.e. cerebral palsy, cystic fibrosis, etc.)	
Comments:		
Child's Due Date	Child's Birth Weight	Spent _____ Days in Hospital as a Newborn

Summary of Child's Applicable Medical Status (Please check and comment for all that apply.)	
☐Respiratory Condition (i.e. asthma, bronchitis)	Comments:
☐Chronic Skin Condition (i.e. eczema)	Comments:
☐Neurological Condition (i.e. seizures, ADHD)	Comments:
☐Medications Taken Regularly	Comments:
☐Hay Fever, Pollen, Seasonal Type Allergies	Comments:
☐Allergy (food, bee sting, touch, medication)	Comments (list specific allergy and treatment required):
☐Hearing Difficulties; Are Hearing Aides Used?	Comments:
☐Frequent or Recurrent Ear Infections	Comments:
☐Vision Difficulties; Appearance of Crossed Eyes	Comments:
☐Are Glasses or Eye Patch Worn?	Comments:
☐Dental/Swallowing/Chewing Difficulties	Comments:
☐Muscular/Skeletal Condition	Comments:
☐Brace/Corrective Shoes Worn?	Comments:

BASIC ACTIVITIES OF GROWING AND DEVELOPING

Last Name: First Name: DOB:

Can this child (check all that apply):	☐ Use Spoon and Fork to Eat Without Spilling?	☐ Wash and Dry His/Her Own Hands?
☐ Dress Him/Herself?	☐ Do Buttons?	☐ Be Left at Daycare or Babysitter without a Big Fuss?
Does this child have (check all that apply):	☐ Any Eating Difficulties?	☐ Any Problems Sleeping?
☐ Problems with Nightmares or Night Terrors?	☐ Frequent Nosebleeds?	

Is your child dependably toilet trained, with only rare accidents? ☐ YES ☐ NO

Does this child enjoy (check all that apply):

☐ Playing Active Group Games (i.e. tag)?	☐ Playing Quiet Group Games (i.e. checkers)?	☐ Playing Independently and Alone?

Does your child play alone without direct adult supervision? ☐ YES ☐ NO

Does this child (check all that apply):	☐ Play Successfully with Puzzles, Blocks and Other Construction Toys without Help?	
☐ Write and Draw Rather than Scribble?	☐ Hold a Pencil Properly?	☐ Prefer Right Hand? ☐ Left Hand? ☐ Both?
☐ Trip and Fall Easily?	☐ Run Into Things?	☐ Have Difficulty Climbing or Descending Stairs?
Can this child (check all that apply):	☐ Ride a Tricycle?	☐ Throw and Catch a Ball?
Do you consider this child to be (check all that apply):		☐ Highly Active?
☐ Very Quiet or Shy	☐ Generally Happy?	☐ Generally Sad?
Does this child (check all that apply):	☐ Cry Easily?	☐ Demonstrate Frequent Temper Tantrums?
☐ Usually Follow Directions?	☐ Have a Very Short Attention Span?	☐ Frighten or Startle Easily?

Did your child start to speak significantly later than other children of the same age? ☐ YES ☐ NO

Is your child (check all that apply):	☐ Able to Speak Most Sounds Correctly?
☐ Afraid or too Shy to Speak Up?	☐ Understandable to Others Unfamiliar with His/Her Speech?

Does this child (check all that apply):	☐ Turn Up the TV Volume Excessively Loud?	☐ Say "What, What?" All the Time?
☐ Sit Extremely Close to the TV Screen?	☐ Hold Pictures or Drawings Close to See Them?	☐ Often Repeat Sounds or Words/ Stutter or Stammer?

Gardner Elementary School
Pre-School Program

278 Pearl Street, Gardner, MA 01440

Tuition Agreement 2023-2024

Student Name _____

Parent / Guardian Name _____

Address: _____

Phone Number: _____

I,_____, agree to pay the following tuition fees for my child enrolled in the Gardner Elementary School Preschool Program (check one box).

Full Day Program ☐ 8:45 to 3:00

September	$	260	due by	August 1,2023
October	$	260	due by	September 1, 2023
November	$	260	due by	October 1, 2023
December	$	260	due by	November 1,2023
January	$	260	due by	December 1, 2023
February	$	260	due by	January 1, 2024
March	$	260	due by	February 1, 2024
April	$	260	due by	March 1, 2024
May	$	260	due by	April 1, 2024
June	$	260	due by	May 1, 2024
Full Year	$	2,600		

Half Day Program ☐ Morning Session 8:45 to 11:15

☐ Afternoon Session 12:30 to 3:00

September	$	130	due by	August 1, 2023
October	$	130	due by	September 1, 2023
November	$	130	due by	October 1, 2023
December	$	130	due by	November 1, 2023
January	$	130	due by	December 1, 2023
February	$	130	due by	January 1, 2024
March	$	130	due by	February 1, 2024
April	$	130	due by	March 1, 2024
May	$	130	due by	April 1, 2024
June	$	130	due by	May 1, 2024
Full Year	$	1,300		

_____ _____

Signed Date

Please make checks payable to The City of Gardner and include the student's name in the Memo space. You may also pay online at https://unipaygold.unibank.com/customerinfo.aspx

Last Name: First Name: DOB:

Gardner Public Schools

Gardner Elementary School Preschool Program

Preschool Registration & Procedures

Enrollment must be completed a minimum of two business days prior to your child(ren) attending the Pre-School Program.

I understand that the payment for my child(ren) to attend Gardner Elementary School's Pre-School Program must be received no later than the 1st of the month for the next month of attendance.

Failure to pay the fee by the 1st of the preceding month on more than one (1) occasion will prevent my child(ren) from attending the Pre-School Program for the rest of the school year.

I have signed the Tuition Agreement. Please make checks payable to The City of Gardner and include the student's name in the memo space. You may also pay online at https://unipaygold.unibank.com/customerinfo.aspx

I understand and agree that there will be no refund or rebate for any day(s) for which I have paid the fee, but on which my child(ren) do(es) not attend.

I agree to give 30 days' written notice before withdrawing my child(ren) from the Program.

I understand and agree that the transportation of my child(ren) to the Program is my responsibility.

I understand that the responsibility for the care of my child(ren) at the Pre-School Program begins at _____and ends at_____ Monday, Tuesday, Thursday and Friday when school is in session.

I understand that it is my responsibility to provide full accident and medical insurance coverage for my child(ren).

I give permission for the staff at Gardner Elementary School to administer first aid to my child(ren), call 9-1-1, or get them to appropriate medical care in the case of an emergency. The Gardner Elementary School staff will notify me as soon as possible in the event of any accident or emergency.

In the event that school is closed due to weather conditions or other issues, the Pre-School Program will also be closed. I understand that it is my obligation to find out if school is cancelled. There will be no refund for a day on which school is cancelled.

In the event that school is delayed due to inclement weather, there will be no morning Pre-School.

Name of Parent, Guardian,	**Signature** of Parent, Guardian	**Date**

Early Childhood Education Experience Survey

Please check next to the option that best describes your child's preschool experience in the school year prior to entering Kindergarten. Select one option only, and indicate hours where applicable. Thank you!

Name of child:_____ Date of Birth:_____

☐ My child did not have any formal early childhood program experience

☐ My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.

☐ My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.

☐ My child did not have formal early childhood program experience but participated in **BOTH** Coordinated Family and Community Engagement (CFCE) **AND** Parent Child Home Program (PCHP) services.

☐ My child attended a Licensed Family Child Care Provider **(indicate hours below)**

- ☐ for less than 20 hours per week
- ☐ for 20+ hours per week

☐ My child attended a Center Based Program **(indicate hours below)**

- ☐ for less than 20 hours per week
- ☐ for 20+ hours per week

☐ My child attended **BOTH** a Licensed Family Child Care Provider **AND** a Center Based Program **(indicate hours below)**

- ☐ for less than 20 hours per week
- ☐ for 20+ hours per week

Definitions:

Coordinated Family and Community Engagement (CFCE) Services: locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent-child activities).

Parent Child Home Program (PCHP): home visiting model program funded through the Department of Early Education and Care.

Licensed Family Childcare**:** refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families.

Center-Based Care: refers to care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools.