

Putnam Pre-Kindergarten Program Options

After reviewing the following program options – and the eligibility requirements for each - please indicate your program preferences in order of choice.

1 = first choice, 2 = second choice, 3 = third choice, 4 = fourth choice

N/A = not applicable

and return the bottom of this form with your enrollment packet.

- **Putnam Public School's Half-Day Pre-K Program** (School Year)
 - ✓ Eligibility: Putnam Families
 - ✓ Program Hours:

AM	Monday-Friday	8:10 am – 10:40 am
PM	Monday-Friday	11:40 am - 2:10 pm
 - ✓ Transportation is available.

- **Putnam School Readiness Full-Day Pre-K Program** (School Year)
 - ✓ Eligibility: Putnam Families
 - ✓ Program Hours:

Monday-Friday	8:10 am – 2:10 pm
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 - ✓ Transportation is available.

- **Putnam School Readiness Pre-K/Extended Care Program** (Full Year)
 - ✓ Eligibility: Putnam Families who are either working or in school during program hours
 - ✓ Program Hours:

Monday-Friday	8:00 am – 4:00 pm
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 - ✓ Transportation provided by parent/guardian.

(Tuition for above three programs is based on a sliding scale according to income.)

- **Putnam Head Start Program** (School Year)
 - ✓ Eligibility: Income Level and/or Special Needs Status
 - ✓ Program Hours:

Monday-Friday	9:00 am – 3:00 pm
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 - ✓ Transportation is available.

(Tuition is not charged for the Head Start Program but family must meet attached income guidelines for child to be eligible to attend.)

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

(Please prioritize program choices – 1/2/3/4 or NA (not applicable))

	Half-Day Pre-K Program
	Full Day Pre-K/School Year Program
	Full Day Pre-K/Extended Care Program
	Head Start Program

Putnam Public Schools
STUDENT DATA INFORMATION FORM

(please print clearly and neatly)

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Place of Birth: _____ Gender M F SS# xxx-xx-_____

US Citizen Yes NO If no, country of Citizenship _____

Current Grade Level _____ Date of First Entry in a US School _____

Current Home Address (where child resides most of the time): _____

Primary Contact Number: _____

Parent/Guardian #1 (please X all that apply) Mother Father Stepmother Stepfather Grandparent Guardian
Name: _____ Primary Contact Number (if different from above) _____

Address: _____ Town: _____ Zip: _____

Employer: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Parent/Guardian #2 (please X all that apply) Mother Father Stepmother Stepfather Grandparent Guardian
Name: _____ Primary Contact Number (if different from above) _____

Address: _____ Town: _____ Zip: _____

Employer: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Alternate Emergency Contact Information (if parents/guardians cannot be reached for transportation/illness)

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

If you cannot be reached in the event of a medical emergency, your child will be taken to the nearest hospital

Daycare Provider (if applicable): _____

Address: _____ Phone: _____

Other Children Living at Home
Name _____ Relationship _____ School Attending _____

Name _____ Relationship _____ School Attending _____

Name _____ Relationship _____ School Attending _____

Parent/Guardian: _____

Date: _____



PUTNAM FAMILY RESOURCE CENTER PUTNAM SCHOOL READINESS PROGRAM

Putnam Public Schools 33 Wicker Street Putnam, CT 06260
Phone (860) 963-6940 Fax (860) 963-5357

Date: 2021-2022 School Year
To: Parents/Guardians of Pre-K Students
From: Patricia Bryant, Director
Re: Dismissal of Students

Please indicate on the form below the adults (*at least 18 years of age*) you authorize to pick your child up from school.

Your child will not be released to anyone who does not appear on this list. Both parents, if listed on the enrollment forms, will also be allowed to remove the child unless there is legal documentation prohibiting one parent from doing so. Please provide a copy of the legal documentation for school records.

Parents should also be aware that anyone picking a student up from school or taking a student off the bus may be asked for proper identification at any time.

This dismissal information will be shared with staff and transportation personnel. Please keep us informed *in writing* of any changes you wish to make to your list, as your child will not be dismissed to anyone who is not on this list. Changes cannot be made over the phone.

Thank you for your cooperation - your child's safety and well-being are of utmost importance to us.

My child, _____
may be dismissed from school to the following people (*must be at least 18 years of age*) :

<u>Name</u>	<u>Phone</u>

Parent/Guardian Signature

Date



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PHOTOGRAPHY/VIDEO/NEWS RELEASE

Please X only one box:

I HEREBY AUTHORIZE Putnam Public Schools to release photographs/video or news releases of my child, taken at Putnam Elementary School, to the media for promotional or informational purposes. Photographs/videos/news releases of my child during field trips, class activities, after school programs, special events etc. are also permitted.

I DO NOT AUTHORIZE Putnam Public Schools to release photographs, videos and news releases of my child.

Parent/Guardian Signature: _____

Date: _____

LIBRARY MEDIA CENTER/COMPUTER PRIVELEGES

I understand that it is a privilege to use the Library Media Center and computer technology opportunities in the Putnam Preschool Programs and that parents/guardians are responsible for any lost or damaged school equipment.

Parent/Guardian Signature: _____

Date: _____

Student's Name: _____

Grade: _____

Teacher: _____

Putnam Pre-K Program Child/Family Information Sheet

Please share with us some important information about your child's likes, dislikes, strengths and any concerns you may have.

My child likes to be called:

My child's favorite food:

My child's favorite toy/game:

My child favorite book:

My child is good at:

My child likes to (X all that apply)

Play alone	Listen to stories	Draw and color
Play outside	Play with other children	Go to a friend's house
Play quiet games inside		

My child doesn't like to:

I'd like you to know this about my child:

Some things I'd like you to know about my family (culture, favorite activities, etc):

My family would love to share the following skills or activities with our child's class:

The best times for me to come into the classroom are:

Tell us about your child's overall development (normal/any concerns)

Physical:

Cognitive:

Language/speech:

Emotional/behavioral:

Tell us about your child's health

Food restrictions/concerns (religious/personal):

Allergies:

Health history (chronic illness/hospitalizations):

Other:

What goals would you like your child to accomplish while in the program?

How is your child's appetite:

Does your child feed him/herself? Yes No

Has your child been iron deficient in the past? Yes No

Does your child have any problems with chewing or swallowing? Yes No

Is your child on a special diet? Yes No

If yes, what is the special diet:

Does your child eat or chew things that are not food? Yes No

If yes, please describe:

Tell us about your experience as a parent. What is enjoyable and what is difficult about parenting?

Are there any holidays your family does NOT celebrate?

Our family has the following type of insurance

Public Health Insurance (Husky, etc.)

Type and ID Number

Private Health Insurance (Cigna, Aetna, etc.)

Type and ID Number

No Health Insurance

Our family receives TANF (Temporary Assistant for Needy Families – aka welfare.)

Yes No

Our child is a US citizen

Yes No

I give permission to the Putnam Public Schools to make whatever emergency (e.g. first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the Putnam Public Schools.

In case of a medical emergency and parent/guardian cannot be reached, I understand that my child will be transported to the nearest medical facility by a Putnam Public Schools staff member or the local emergency unit. Emergency Medical Personnel is hereby authorized to perform all medical procedures for the health and safety of my child including administration of anesthesia and surgery.

Parent Signature

Date

Parent/Guardian Permission to Apply Insect Repellent to Child

Name of Child: _____

As a parent, I recognize that insect bites to my child pose a risk of allergic reactions and disease.

Therefore, I give permission for the staff of Putnam School Readiness to apply an insect repellent approved for use on children, to my child under the following conditions:

When the Department of Public Health authorities recommend the use of insect repellents due to a high risk of insect-borne disease.

Use of the insect repellent products may occasionally cause a skin reaction. If that happens, we will discontinue use of the product, wash affected skin and notify you so you can seek advice from your health care provider.

I have reviewed all applicable information regarding the School Readiness program's use of insect repellent for my child.

- **Staff may use the program's insect repellent containing DEET according to the directions on the product label and will only be applied once a day.**
- **I do not know of any allergies my child has to children's insect repellent.**
- **My child is allergic to some insect repellents. I will supply the following brand(s)/type(s) of repellent for use on my child:**

Brand: _____

Parent/Guardian's Name _____

Date _____

For medical or personal reasons, please DO NOT apply insect repellent to my child and I am aware of the risks of insect-borne disease my child may be exposed to.

Parent/Guardian's Name _____

Date _____

2/2008

Putnam Public Schools
HOME LANGUAGE SURVEY

Welcome to our school!

We have a few questions about languages spoken at home. We are required by the US Department of Education to ask for this information because it will help us know how we can best support your child. The language information also helps us know how we can best communicate with you. Please share with us about the language(s) spoken by your family and in your home.

Student's Name: _____

Grade: _____

Date of Birth: _____

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

2) What is the language most often spoken by the student?

3) What is the language the student first acquired?

• What language do you prefer written communication for the school?

• Will you require interpretation/translation at Parent-Teacher meetings? YES NO

Parent/guardian name (please print): _____

Parent/guardian signature): _____

Date: : _____

Thank you for answering the questions. We look forward to working with your child.

Putnam Public Schools
Bus Transportation Form

Thomas Reali, Transportation Director
860-963-6925 Ext 2030

Date	School Year		
Please X one PES	PMS	PHS	Grade

Student's Full Name: _____

Home Address: _____

Parent(s)/Guardians(s) Full Name: _____

Parent(s)/Guardians(s) Phone: _____

IMPORTANT INFORMATION:

Due to a variety of factors, exact pick up and drop off times can fluctuate daily, therefore students should arrive at their scheduled bus stop at least 8 minutes prior to their pick up time and wait at least 8 minutes after their pick up time.

Parents/Guardians, please remember that preschool, kindergarten, Grade 1 and Grade 2 students will not be left at a bus stop unless they are met by an adult. If an adult is not present, students will remain on the bus and be returned back to the school office for a parent to pick them up.

To ensure the safety of all students, requests for transportation changes must be submitted in writing to the Transportation Office at least twenty-four (24) hours in advance. **Telephone requests will not be accepted.**

Please X one:

AM

<input type="checkbox"/>	My child will be a Walker
<input type="checkbox"/>	My Child will be a Parent Drop Off
<input type="checkbox"/>	My child will be picked up at a designated bus stop (assigned by the transportation department)
<input type="checkbox"/>	My child will be picked up at daycare

Name of Daycare Provider: _____

Address: _____

Phone: _____

PM

<input type="checkbox"/>	My child will be a Walker
<input type="checkbox"/>	My Child will be a Parent Drop Off
<input type="checkbox"/>	My child will be dropped off at a designated bus stop (assigned by the transportation department)
<input type="checkbox"/>	My child will be dropped off at daycare

Name of Daycare Provider: _____

Address: _____

Phone: _____

Office Use Only

PES-yellow PK-pink PMH/PHS-white

Bus# AM _____

AM Time _____

Bus# PM _____

PM Time _____

Putnam Public Schools
NEW STUDENT MEDICAL HISTORY

Last Name _____ First Name _____ Middle Name _____

DOB _____ Place of Birth _____ Gender _____

Current Home Address: _____

INFORMATION

Name of Last School Attended: _____

Family Doctor _____ Last visit and reason for visit _____

Family Dentist _____ Last Visit _____

CHILDHOOD DISEASES OR ILLNESSES (X all that apply)

<input type="checkbox"/>	Lyme Disease	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	Other
<input type="checkbox"/>	Strep Throat	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	Whooping Cough	<input type="checkbox"/>	

BEHAVIORAL ISSUES OR CONCERNS (X all that apply)

<input type="checkbox"/>	Verbal Outbursts	<input type="checkbox"/>	Easily Angered	<input type="checkbox"/>	Cries Often	<input type="checkbox"/>	Unable to Concentrate
<input type="checkbox"/>	Unable to Sit Still	<input type="checkbox"/>	Mood swings	<input type="checkbox"/>	Whooping Cough	<input type="checkbox"/>	

HEALTH CONCERNS (X all that apply)

<input type="checkbox"/>	Febrile Seizures	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Frequent Ear Infections
<input type="checkbox"/>	Ear Tubes	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Musculoskeletal

Any contact with person having Tuberculosis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Please explain:
Has your child ever had a surgery	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Please explain:
Has your child had any serious accidents	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Please explain:
Normal Pregnancy/Deliver	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Please explain:

HEALTH EDUCATIONAL CONCERNS (X all that apply)

<input type="checkbox"/>	Vision	Please explain:				
Glasses for:	<input type="checkbox"/>	Reading	<input type="checkbox"/>	Distance	<input type="checkbox"/>	Required Full Time
<input type="checkbox"/>	Speech/Language	Please explain:				
<input type="checkbox"/>	Nutrition:	Please explain:				
<input type="checkbox"/>	Elimination (constipation, diarrhea, incontinence)	Please explain:				

Is your child on any medication Yes No

Medication:	Reason:	Dosage:
Medication:	Reason:	Dosage:
Medication:	Reason:	Dosage:
Medication:	Reason:	Dosage:

General Health (fatigue, low energy level, poor sleeping habits, frequent illness, poor posture, obesity)

Behavior/Personal relationships (very active, runs away, needs to be the center of attention, loner, has difficulty making friends, class clown)

Does your child have a health problem which may require **Emergency Action** while at school (respiratory, epileptic, heart problem, allergy)?

Please list, with detail, any other concerns regarding your child that you feel the school personnel should know

Parent/Guardian Signature: _____ Date: _____

FRC FAMILY ENROLLMENT FORM
(Complete for all Household Members)

Enrollment Date:	Initial Program Enrollment Date (for office use only)
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Name: First/Last <i>(Line 1 = Parent/Guardian)</i> <i>(Line 2-8 = all family members living in home)</i>	Sex (M) (F)	Primary Language	Relationship to Primary Contact	Birth Date	Ethnicity	School or Employer	Last Grade Completed	(Services)
1								
2								
3								
4								
5								
6								
7								
8								

Address:					
Home Phone:		Cell Phone:		Email:	
Language used most in the home (English, Spanish, Other):					
Family Ethnicity (check all that apply)					
<input type="checkbox"/>	Asian/Pacific Islander	<input type="checkbox"/>	American Indian/Alaska Native	<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	African American	<input type="checkbox"/>	White	<input type="checkbox"/>	Other

Household Annual Income Range (Gross annual income of all family members)							
<input type="checkbox"/>	Below \$20,000	<input type="checkbox"/>	\$20,001-\$30,000	<input type="checkbox"/>	\$30,001 - \$40,000	<input type="checkbox"/>	\$40,001 - \$50,000
<input type="checkbox"/>	\$50,001 - \$60,000	<input type="checkbox"/>	Over \$60,000				

How did you hear about the FRC?							
<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Friend/Neighbor	<input type="checkbox"/>	Called for Info-Referral	<input type="checkbox"/>	School Publicity
<input type="checkbox"/>	Relative	<input type="checkbox"/>	Referred by State Agency	<input type="checkbox"/>	Referred by Provider	<input type="checkbox"/>	Other

Have you previously been enrolled in an FRC program?					
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know

Are you interested in completing your own education? Do you need information and assistance in this area?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Routine information will be collected and stored electronically and in paper form in a secure office setting. This includes health related information, screenings, referrals and recommendations that you and your child receive.

Putnam Public Schools

STUDENT RACE AND ETHNICITY QUESTIONNAIRE

In order to meet new regulations for the U.S. Department of Education, we are required to collect the information below regarding race and ethnicity of your child/children. Please answer the following questions about your child/children in the table below: Child's Name, School and (1) Is your child Hispanic/Latino, yes or no? **and** (2) What is your child's race? Check all that apply. *Please note that you may refuse to answer these questions, but in this event a school district staff member will need to make the identification for you.*

One Form per Child

CHILD'S NAME	SCHOOL (check one)			IS THIS CHILD HISPANIC/ LATINO?		What is the child's race? (check one or more, even if you answered "Yes" to the Hispanic/Latino question)				
	P E S	P M S	P H S	YES	NO	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Ocean Pacific Islander	White

Parent/Guardian Signature: _____

Date: _____

Definitions: Hispanic/Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand and Vietnam. Black or African American: A person having origins in any of the black racial groups of Africa. Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands. White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

TUITION VERIFICATION FORM

Please attach 4 current pay stubs for everyone in your household and/or verification of all other income.

Name of Child: _____ Date of Birth: _____ Age: _____

OTHER CHILDREN: If this child, living with your family, is a legal ward of the State of Connecticut, check here Indicate monthly income from state stipend received for this child. \$ Other income of or for the child \$

Part 1 – HOUSEHOLDS RECEIVING TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

If you are NOW receiving TANF for this child, insert the TANF case number below. The application MUST have the signature of an adult household member.

Yes, I received TANF for this child this month TANF Case Number

Part 2 – ALL

- HOUSEHOLD MEMBERS:** List the names of everyone living in your household; include yourself and the child listed above. If you need more space, use a separate sheet of paper.
- SOCIAL SECURITY NUMBER:** Print the social security number of either the parent or guardian who is the primary wage earner or the adult household member who signs the application. If neither adult has a social security number, print “none”.
- INCOME:** List all income received last month on the same line with the person who received it. You must list gross income BEFORE deductions for taxes, social security, etc. List each amount under the correct title.

LIST ALL HOUSEHOLD MEMBERS BELOW:

Name (Last, First)	Age	Social Security Number	Monthly Earnings From Work (Before Deductions)	Monthly Welfare Payments, Child’s Support, Alimony **	Monthly Payments from Pensions, Retirement, Social Security **	All Other Income Received Last Month **

** Please explain: _____

Total Number of Adults and Children in Household: _____

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that all income is reported. I understand that program officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. An adult must sign the application before it can be approved.

Signature: _____ Date: _____



PUTNAM FAMILY RESOURCE CENTER PUTNAM SCHOOL READINESS PROGRAM

Putnam Public Schools 33 Wicker Street Putnam, CT 06260

Phone (860) 963-6940 Fax (860) 963-5357

Sunscreen/Sun Block Permission

Dear Parents/Guardians:

As you are aware, the Preschool children go outdoors to play throughout the spring and summer. In an effort to reduce the risk of over-exposure to the sun, we ask that you protect your child by applying sunscreen or sun block to your child(ren), prior to their arrival to the program, as well as provide the proper clothing to protect your child's head and shoulders. With the continued sun exposure throughout the day, it is imperative, for your child's safety, that he/she be protected by sunscreen or sun block with UVB and UVA protection of SPF 15 or higher.

The CT State Department of Health requires an approved sunscreen to be at least 15 SPF or higher and does not permit staff members to apply sunscreen to children without parent/guardian permission. Therefore, by signing the form below it gives staff members permission to re-apply sunscreen with UVB and UVA protection of SPF 15 or higher if necessary. Note: If 15 SPF (or higher) sunscreen is not provided, staff will not be allowed to apply sun block or sunscreen to your child due to the potential of allergies/reactions that can be caused by the various ingredients of the many brands available.

Patricia Bryant, FRC Director

I give permission to the staff at the Putnam School Readiness Program to re-apply sun block or sunscreen with UVB and UVA protection of SPF 15 or higher, provided by me, on my child(ren). I have already tried this sun block at least once before on my child and I am not aware of any allergies.

I understand that the staff will not be responsible for sunburns on my child(ren) or if sunblock or sunscreen accidentally gets in my child's eyes. The staff is not required to apply sun block or sunscreen; however, my signature allows this to take place without liability to the staff.

Child's Name: _____

Parent/Guardian: _____

Date: _____