



Franklin Street School
55 Franklin Street
Nashua, NH 03064
603-966-4820

******Please keep last page of application for your records!!!******

Thank you for your interest in Play Pals at the Nashua Early Education Program (NEEP). Our program is part of the Special Education Preschool Program in the Nashua School District, providing preschool experience for children ages 3 to 5. The program offers a developmental learning approach where all children come together to learn.

Three year olds attend for 2.5 hours in the mornings and four year olds attend for 2.5 hours in the afternoon. All students attend Tuesday, Wednesday and Thursday. Our staff works hard to ensure each student receives a fun-filled developmentally based learning experience.

Attached, please find a Play Pals application for the 2024-2025 school year. Please make sure that all forms are complete (some are 2 sided) and that you include a copy of your child's birth certificate, immunization records, proof of residency (two utility bills OR lease agreement OR mortgage/tax bill) and a non refundable check payable to the Nashua School District for \$25.00. PHOTOCOPYING WILL NOT BE AVAILABLE WHEN RECEIVING APPLICATIONS.

Your child must have had a physical exam within the last year or you must provide proof of a doctor's appointment for a physical exam prior to the start of preschool or your child will not be admitted into the program.

Placements will be made using a lottery system. All registration packets must be received by March 8, 2024 in order to participate in the lottery. Late applications may still receive a spot, but will not be included in the lottery. Families will receive confirmation of acceptance in April.

In order to be included in the lottery, your registration packet must be received by March 8, 2024 at the following address:

Nashua Early Education Program
Attn: Play Pals
55 Franklin Street
Nashua, NH 03064

*Packets that are missing information will not receive placement within our program until all information is received.

A non refundable registration fee of \$25.00 is required with your application.

Thank you for your interest. We look forward to working with you.

Nashua School District
Nashua Early Education Program
55 Franklin Street
Nashua, NH 03064

PLAY PALS APPLICATION 2024-2025

Spots will be filled using a lottery system

Play Pal's Name _____

Male Female

Age as of September 30, 2024: _____ Date of Birth: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ e-mail: _____

***Immunization requirements must be met before a child can start preschool.
Your child must have had a physical exam within the last year or proof of a doctor's appointment for a physical exam before the start of preschool.***

I give my permission for the Nashua School District to include my child in the Play Pals program. I will provide transportation and a snack for my child. I understand that this is part of the special education program for preschoolers in the Nashua School District. Tuition is \$180.00 per month.

Applications must be received by March 8, 2024 in order to participate in the lottery.
Applications received after March 8, 2024 may still receive a spot, but will not be included in the lottery.

The following items **must** be submitted to enroll your child in Play Pals.

- Completed Student Contact Information Sheet Completed Health History Form
- Immunization/Physical Records Proof of Residency (2 utility bills OR lease OR mortgage or tax bill)
- Verification of Nashua Residency and/or Guardianship Form
- Home Language Census Tuition Contract Birth Certificate Check for \$25.00 with child's name in memo section.

I have reviewed my child's Play Pals application packet, and have submitted all required paperwork and fees.

Signature _____ Date: _____

Nashua School District Registration Form

Only the child's parent or legal guardian can register his/her own child for school.

Neighborhood School		Date	
Student		Birth Date <small>MM/DD/Year</small>	
	<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>
Has Student ever been registered with the Nashua School District?		Yes or No	
If Yes, which school?			
Please enter the date Student first entered a United States school:			
Years of schooling outside of U.S schools			
Highest grade completed outside US school			
Registration Documentation: FOR OFFICE USE ONLY			
The following documentation is required at registration.			

- | | |
|--|--|
| <p><input type="checkbox"/> Original or certified Birth Certificate or other legal document that includes student's name, date of birth, such as passport, court documents or adoption papers</p> <p><input type="checkbox"/> Immunization Record</p> <p><input type="checkbox"/> Medical Physical Examination within Year of Enrollment</p> <p><input type="checkbox"/> Proof of Residency
Two different recent utility bills (electric, cable, or gas bill) <i>or</i> current lease agreement or mortgage agreement in parent name</p> | <p><input type="checkbox"/> Legal Paperwork, if applicable
(guardianship, court decree, court placement)</p> <p><input type="checkbox"/> If child is living with a host:
(parent/guardian unable to provide proof of residence)</p> <p><input type="checkbox"/> Notarized Host Residency Form</p> <p><input type="checkbox"/> Host must accompany parent at time of registration</p> <p><input type="checkbox"/> Host must show photo identification and proof of residency (two different recent utility bills <i>or</i> current lease or mortgage agreement in host name)</p> |
|--|--|

Kindergarten Registration Only COMPLETE THE BOX BELOW ONLY IF YOU ARE REGISTERING A KINDERGARTEN STUDENT <i>The school principal will notify parents by letter the date of Kindergarten orientation.</i>
<p>The Nashua School District provides a full-day Kindergarten program and also permits a pupil to attend Kindergarten for a half day.</p> <p>You are registering your child for: Full Day <input type="checkbox"/> Half Day <input type="checkbox"/></p> <p>Did your child attend preschool? Yes <input type="checkbox"/> No <input type="checkbox"/> Was it a half day or full day program?</p> <p>What is the name of the school(s)?</p>

<u>Elementary Schools</u>			
Amherst Street Elementary	Broad Street Elementary	Fairgrounds Elementary	Mount Pleasant Elementary
Bicentennial Elementary	Charlotte Avenue Elementary	Ledge Street Elementary	New Searles Elementary
Birch Hill Elementary	Dr. Crisp Elementary	Main Dunstable Elementary	Sunset Heights Elementary
<u>Middle Schools</u>			
Brian McCarthy Middle (formerly Elm St)	Fairgrounds Middle	Pennichuck Middle	
<u>High School</u>			
Nashua High School North		Nashua High School South	

FOR OFFICE USE ONLY:	Neighborhood School Street Address Check	Date _____	Initials _____
	Birth Certificate or Passport (Raised Seal)	Date _____	Initials _____
	Immunization Records	Date _____	Initials _____
	Physical Exam	Date _____	Initials _____
	Proof of Residency	Date _____	Initials _____
	Date Received:	Grade:	Academic Year:

**Play Pals
Nashua Early Education Program
Tuition Contract**

I understand that the Play Pal Tuition is due MONTHLY from September through May. This payment is due NO LATER than the 10th day of each month. If payment is received after the 10th day of the month for 2 months (not consecutive), I understand I will relinquish my child's spot in the program.

Tuition Rates

1 child in the Play Pal Program will pay full tuition of \$180.00 per month
2 or more students in the Play Pal program during the same school year will be eligible for a 50% reduction for the 2nd student, 3rd student, etc.

If you have more than 1 child enrolled in the Play Pal program, please indicate below whom the sibling is and the session he/she is in.

Sibling: _____ Session: AM _____ PM _____

Sibling: _____ Session: AM _____ PM _____

Tuition assistance is available if you meet the Federal Guidelines for Free or Reduced Lunch. Applications for Tuition Assistance are available at the District Office or online.

Checks should be made payable to: **Nashua School District** and sent to:

Franklin Street School
55 Franklin St
Nashua, NH 03064
Attn: Play Pals

Payments are to be made in the form of check or money orders. **Please make sure that the child's first and last name and the month to which the payment is to be applied is clearly written in the Memo line of the check.**

Further, I understand that I am responsible for continued payment of tuition if there is a family vacation taken outside of the established preschool calendar, extended illness, or an inability to get to school on my part.

Student's Name: _____

Parent's Name (printed): _____

Signature: _____

Date: _____

STUDENT INFORMATION UPDATE FORM

Student Information

First Name:		Middle Name:	Last Name:	
Gender: M / F	Date of Birth	City of Birth	State of Birth	Country of Birth
Hispanic/Latino? <input type="checkbox"/>	RACE: Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/>			
Parent Language		Student Language		
Interpreter required <input type="checkbox"/> Yes <input type="checkbox"/> No		Translation requested <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you require an interpreter for school related issues, please contact your neighborhood school.				
Physical Home Address		City/State	Zip Code	
Address:				
Mailing Address (if different)		City/State	Zip Code	
Address:				
Parent/Guardian Military Status:				
<input type="checkbox"/> Active Duty in Armed Forces		<input type="checkbox"/> Full Time National Guard		<input type="checkbox"/> Both Apply <input type="checkbox"/> Does Not Apply
Are any siblings of this student currently enrolled in the Nashua School District? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide sibling(s) name, date of birth, and current school. _____				
Are there family legal issues/restraining order/custody issues we need to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If YES, Please explain (copies of legal documentation required).				
Student has permission to be photographed/videotaped (except school-wide events on Nashua ETV)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please note that by selecting "No" to the above, your child may not appear in school yearbooks.				
Student has permission to be interviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have reliable access to the Internet at home? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a computer at home? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Contact Information (Please list each person as a separate contact in the order of preference to be called.)

Contact #1

First Name:		Last Name:		
Relationship:		Email Address:		
Home Address:				
Primary Phone:		Secondary Phone:		Other Phone:
Lives with Student: <input type="checkbox"/>	Legal Guardian: <input type="checkbox"/>	Can Pick Up Student: <input type="checkbox"/>	Receives Automated Phone Calls: <input type="checkbox"/>	
Receives Grades: <input type="checkbox"/>	Receives Conduct: <input type="checkbox"/>	Receives Attendance: <input type="checkbox"/>	Receives Other: <input type="checkbox"/>	

Contact #2

First Name:		Last Name:		
Relationship:		Email Address:		
Home Address:				
Primary Phone:		Secondary Phone:		Other Phone:
Lives with Student: <input type="checkbox"/>	Legal Guardian: <input type="checkbox"/>	Can Pick Up Student: <input type="checkbox"/>	Receives Automated Phone Calls: <input type="checkbox"/>	
Receives Grades: <input type="checkbox"/>	Receives Conduct: <input type="checkbox"/>	Receives Attendance: <input type="checkbox"/>	Receives Other: <input type="checkbox"/>	

Contact #3

First Name:		Last Name:		
Relationship:		Email Address:		
Home Address:				
Primary Phone:		Secondary Phone:		Other Phone:
Lives with Student: <input type="checkbox"/>	Legal Guardian: <input type="checkbox"/>	Can Pick Up Student: <input type="checkbox"/>	Receives Automated Phone Calls: <input type="checkbox"/>	
Receives Grades: <input type="checkbox"/>	Receives Conduct: <input type="checkbox"/>	Receives Attendance: <input type="checkbox"/>	Receives Other: <input type="checkbox"/>	

Parent/Guardian Signature _____

Date _____

Students attending Nashua Public Schools must be legal residents of the City. Legal residence can be verified by producing two current utility bills and any other documentation deemed necessary by the administration. If a student moves out of Nashua during the school year and wishes to continue attending school in Nashua, the School District must be notified by the student's parents and/or by the student if over the age of 18. If space is available, students will be allowed to remain in the Nashua School District at a prorated tuition. Families who do not reside in Nashua, or move out of Nashua, but send their children to Nashua Public Schools without giving proper notification to the School District and receiving written permission for their child's enrollment in the Nashua Public Schools, will be assessed the cost of tuition for the period of time in question and may face appropriate civil and criminal sanctions, including, but not limited to, complaints for Theft of Services.

**Nashua School District
Home Language Survey**

Dear Parents or Guardian: Federal mandates require that we ask parents to complete a Home Language Survey to identify and provide services for limited English proficient students. In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. We greatly appreciate your assistance in answering these questions.

Name of Student: _____ Date of Birth: _____

Language Background (Please check all that apply)		
1. What language(s) is (are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ (Specify)
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ (Specify)
3. What is the Home Language of each parent/guardian?	Mother _____ Guardian: _____	Father _____ (Please specify for each person)
4. What languages(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ (Specify)
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ (Specify) <input type="checkbox"/> Does not Speak
6. What languages(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ (Specify) <input type="checkbox"/> Does not Read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ (Specify) <input type="checkbox"/> Does not Write

Educational History
8. Indicate the total number of years your child has been enrolled in school _____
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Not sure If yes, please explain: _____ How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10a. 10a. *If referred for an evaluation, has your child ever received any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes Type of service received: _____ Age at which services were received: <input type="checkbox"/> Birth to 3 years (Early intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older 10b. Does your child have an individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes
11. In what language(s) would you like to receive information from the school? _____
12. Is there anything else you think is important for the school to know about your child? _____ _____

Parent/Guardian Signature: _____ Date _____



Health History

Student Name _____ Birth Date _____ MM/DD/Year

Street Address _____ Zip Code _____

Please provide the following health information for your child. A health record is kept on each child and needs to be updated each year.

Has your child had: (please give age or date)

Chicken Pox _____	Measles _____	German Measles _____	Whooping Cough _____
Mumps _____	Poliomyelitis _____	Ear Infection _____	Strep Throat _____
Pneumonia _____	Tuberculosis _____	Hepatitis _____	Mononucleosis _____
Scarlet Fever _____			

Does your child have:

Asthma _____	Diabetes _____	Epilepsy _____	Seizures _____
Cerebral Palsy _____	Deafness _____	Blindness _____	Headaches _____

Serious, Life Threatening Allergies _____

Heart Condition or Heart Defect _____

Is your child toilet trained and able to use the bathroom on his/her own? Yes _____ No _____

Has your child had any operations? Yes _____ No _____

Describe:

Has your child had any serious illnesses or accidents? Yes _____ No _____

Describe:

Does your child have any allergies? Yes _____ No _____

Describe:

Does your child take pills, medicine or treatment? Yes _____ No _____

Describe:

PLEASE NOTE: NO MEDICATION MAY BE ADMINISTERED TO YOUR CHILD WITHOUT A WRITTEN DOCTOR'S NOTE, A RELEASE FORM SIGNED BY THE PARENT OR GUARDIAN, AND THE MEDICATION IN A CLOSED, LABELED CONTAINER. THE PRESCRIPTION BOTTLE **DOES NOT** SUFFICE FOR A DOCTOR'S NOTE.

Does your child wear glasses, hearing aid or other appliance? Yes _____ No _____

Describe:

Are there any health problems not mentioned? Please explain: _____

To best meet the needs of your child and to provide a safe learning environment, it may be necessary to exchange health information with other school-based personnel who also interact with your child. Only information that is necessary to provide medical, educational and/or guidance services for your child will be released.

Parent/Guardian Acknowledgement/Signature _____ Date _____

Pre-school Students 3-5 Years Old

New Hampshire Immunization Requirements 2023-2024

Refer to page 2 for minimum ages and intervals

DIPHTHERIA, TETANUS, PERTUSSIS (DTaP/DTP/DT)

3-5 years	Four doses. The 3 rd and 4 th dose must be separated by at least 6 months.
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POLIO

3-5 years	Three doses. Any OPV dose(s) given on or after April 1, 2016 does not count toward the polio vaccine requirement and the series must be completed with IPV.
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MEASLES, MUMPS, and RUBELLA (MMR)

3-5 years	One dose. This dose must be administered on or after age 12 months.
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HAEMOPHILUS INFLUENZAE TYPE B (Hib)

3-5 years	One dose on or after 15 months of age OR Four doses with the last dose administered on or after 12 months of age OR see catch-up schedule below* Hib is not required for children \geq 5 years of age.
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HEPATITIS B

3-5 years	Three doses given at acceptable intervals. See attached schedule (page 2)
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VARICELLA (CHICKEN POX)

3-5 years	One dose. This dose must be administered on or after age 12 months. OR laboratory confirmation of chicken pox disease.
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*Hib catch-up vaccination schedule:

- If unvaccinated at 15-59 months: 1 dose needed.
- If dose 1 given before 12 months and dose 2 before 15 months, 3rd and final doses must be 8 weeks after dose 2.
- If dose 1 given at 7-11 months, dose 2 must be at least 4 weeks later and 3rd and final dose given at 12-15 months or 8 weeks after dose 2 (whichever is later).
- If dose 1 given at 12-14 months, 2nd and final dose must be at least 8 weeks after dose 1.
- If **PedvaxHIB** brand used, call NHIP for recommended schedule and requirements for dosing.

2024-2025 Play Pals Program

Sessions

Play Pals are divided into two sessions. Children three years of age by September 30, 2024 will attend the morning session. Children four years of age by September 30, 2024 will attend the afternoon session.

Days

Children will attend Play Pals on Tuesdays, Wednesdays and Thursdays. Sessions are 2 ½ hours per day.

Location & Hours

All of our programs are slated to now be located at 55 Franklin St in Nashua. Program start and end times are yet to be determined. If there are any changes, these will be updated in August of 2024.

Program Changes

Given the previous pandemic, the Play Pal program may be changed or suspended at any given time, possibly with short notice.

Physicals & Immunizations

Your child must have had a physical examination within the last year or have proof of a doctor's appointment for a physical exam before entering into the program. We recommend that the physical exam be completed before the first day of school if possible. Immunization requirements must be met before a child can start school.

Tuition Payments

Tuition Payments are due the first of each month. **Please put your child's name and the month to which the payment applies in the memo line of the check.**

Please make checks payable to the Nashua School District and mail to:

**The Nashua School District
55 Franklin St
Nashua, NH 03064
ATTN: Play Pals**

Please keep for your records