



Nashua School District
141 Ledge Street
Nashua, NH 03060-3071
603-966-1000
<http://www.nashua.edu>

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

January 2023

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.

In the coming year, our preschool programs will no longer be located in elementary schools throughout our district. Most of our programs will be consolidated to 55 Franklin St. in Nashua. Program start and end times are yet to be determined.

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

Attached, please find a Play Pals application for the 2023-2024 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 February 24, 2023 in order to participate in the lottery. Applications received after February 24, 2023 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 Friday, February 24, 2023 at the following address. Applications may ONLY be received at this location, please do not bring them to the schools.

Nashua Early Education Program
Attn: Play Pals
141 Ledge Street
Nashua, NH 03060

*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
141 Ledge Street
Nashua, NH 03060

PLAY PALS APPLICATION 2023-2024

Spots will be filled using a lottery system

Play Pal's Name _____

Male Female

Age as of September 30, 2023: _____ Date of Birth: _____

Parent/Guardian: _____

Parent Military Status: _____

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 Friday, February 24, 2023 in order to participate in the lottery. Applications received after February 24, 2023 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: _____

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"/>
Parent Language			Student Language		
Interpreter required <input type="checkbox"/> Yes <input type="checkbox"/> No			Translation requested <input type="checkbox"/> Yes <input type="checkbox"/> No		

Physical Home Address		City/State	Zip Code
Address:			
Mailing Address (if different)		City/State	Zip Code
Address:			

Parent/Guardian Military Status:

Active Duty in Armed Forces
 Full Time National Guard
 Both Apply
 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.



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? Describe: Yes _____ No _____

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

Does your child have any allergies? Describe: Yes _____ No _____

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

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? Describe: Yes _____ No _____

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 _____



NASHUA SCHOOL DISTRICT
Requirements for Enrollment Grades K-12
IMMUNIZATION LAW RSA 141-C

Children must have proof of all NH State required immunizations, documentation of immunity, or valid exemptions, in order to be enrolled in any New Hampshire school according to NH State Law RSA 141-C.

All immunizations must meet minimum age and interval requirements for each vaccine. A 4-day grace period is allowed; however, live attenuated vaccines (MMR, Varicella, or nasal influenza vaccine) that are not administered on the same day, must be administered at least 28 days apart.

DTaP/DTP: 3-5 doses.

Tdap: 1 dose for entry into 7th grade.

Polio: 3-4 doses.

Hepatitis B: 3 doses.

MMR: 2 doses.

Varicella: 2 doses.

A child may be “conditionally” enrolled when the parent or guardian provides:

1. Documentation of at least one dose for each required vaccine; AND
2. The appointment date for the next dose of required vaccine.

Children who are entering school for the first time must have a physical examination within the year of enrollment or proof of a doctor’s appointment to have a physical examination before the child is enrolled.

For new students moving into the Nashua School District, an immunization record and a current physical examination are required. For these students, there is a 30-day grace period to obtain the physical examination.

The Nashua School District Nurses will audit all immunization records prior to enrollment.

Nashua School District Residency Verification and Registration Form

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

Neighborhood School			Date
Student			Birth Date MM/DD/Year
	(Last)	(First)	(Middle)
Parent			Grade
			Primary Telephone () -
			<small>with area code</small>
			Secondary Telephone () -
Street			Zip Code
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:			
Has Student received following service(s) in previous school:			
504 Accommodations	ELL or ESL Services	Special Education	
Registration Documentation: FOR OFFICE USE ONLY			
The following documentation is required at registration.			

- | | |
|--|---|
| <p>_____ 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>_____ Immunization Record</p> <p>_____ Medical Physical Examination within Year of Enrollment</p> <p>_____ 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>_____ Legal Paperwork, if applicable
(guardianship, court decree, court placement)</p> <p>_____ If child is living with a host:
(parent/guardian unable to provide proof of residence)</p> <p>_____ Notarized Host Residency Form</p> <p>_____ Host must accompany parent at time of registration</p> <p>_____ Host must show photo identification and proof of residency (two different recent utility bills or current lease or mortgage agreement in host name)</p> |
|--|---|

Kindergarten Registration	
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>	
The Nashua School District provides a full-day Kindergarten program and also permits a pupil to attend Kindergarten for a half day.	
You are registering your child for: Full Day _____ Half Day _____	
Schools	
Amherst Street Elementary	Broad Street Elementary
Bicentennial Elementary	Charlotte Avenue Elementary
Birch Hill Elementary	Dr. Crisp Elementary
Fairgrounds Elementary	Ledge Street Elementary
Mount Pleasant Elementary	Main Dunstable Elementary
New Searles Elementary	Sunset Heights Elementary
Students will attend Kindergarten at his/her neighborhood school	
Did your child attend preschool? Yes _____ No _____ Half-Day or Full Day? _____	
What is the name of the school(s)? _____	

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: _____

**Nashua School District
Home Language Survey**

Dear Parents or Guardian: 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. Please complete the section below entitled Language Background and Educational 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 _____ Father _____ Guardian: _____ (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 our child? _____

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

Relationship to child: Mother Father Other : _____

**Home Language Survey – Page 2 –
Office use only**

Name/Position of personnel administering HLS	
Name: _____	Position: _____
If an interpreter is provided, list name, position and credentials:	
Name/Position of qualified personnel reviewing HLS and conducting individual interview	
Name: _____	Position: _____
Oral Interview necessary: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Date of Individual interview: _____	Outcome of Individual Interview: <input type="checkbox"/> Administer state approved WIDA Screener <input type="checkbox"/> Not eligible for ELL services
Name/Position of NHESOL and WIDA certified personnel administering WIDA Screener	
Name: _____	Position: _____

Screening Information for X2

Student Name: _____ **School:** _____

Birth City: _____ Birth State: _____ Birth Country: _____

Yrs. Of Schooling outside of US schools: _____ Highest grade completed: _____

Date entered US: Schools : _____ Screener Test date: _____

Screener Name: _____ K Model or Model Screener

Scores

Listening _____ Speaking _____ Reading _____ Writing _____ Composite _____

ELL

ELL Status : A C DNQ M1 M2 M3 M4 N T

Parent Permission : Accept Refuse

Refusal reason: Refuse to participate Stay in Neighborhood School

Student Language: _____ Parent Language: _____

Date entered Nashua ELL Program : _____

Recommended minutes: _____ Actual Service Minutes : _____

**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:

Nashua School District
141 Ledge St
Nashua, NH 03060
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: _____

2023-2024 Play Pals Program

Sessions

Play Pals are divided into two sessions. Children three years of age by September 30, 2023 will attend the morning session. Children four years of age by September 30, 2023 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

Most of our programs will now be located at 55 Franklin St in Nashua. Program start and end times are yet to be determined. Any other locations will be updated in August of 2023.

Program Changes

Given the current 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
141 Ledge Street
Nashua, NH 03060-0687
ATTN: Play Pals**

Please keep for your records