February 26, 2020

Dear Families,

We are excited to continue to offer free preschool for Truro residents and children of Truro town employees. With this in mind, while we cannot guarantee we can provide all the time you ask for, we will do our best to accommodate each family’s request for time. We greatly appreciate our school committee’s commitment to making Truro a family friendly community.

The Truro Central School Preschool Program serves the town’s three- and four-year-olds. By state and federal regulation, preschoolers three years old and older are entitled to special education services, including enrollment in a program with their peers.

Preschool enrollment for the 2020-2021 school year will be open on March 2, 2020 to Truro residents and children of Truro town employees who turn 3 years old on or before September 1, 2020.

Attached please find registration materials for the 2020-2021 school year. In order to register your child for the Truro Central School Preschool Program, you must return the Registration Form and the Enrollment Request Form to the school office by March 16, 2020.

In order to maintain compliance with state and federal regulations and to maintain the effectiveness of our program, your child’s final assignment is at the discretion of the principal and may or may not be for all the time you request. In setting enrollment, school staff will take into account factors including the child’s age; previous school experience; the child’s needs; the family’s requested schedule; and program logistics. Some preference is often given four year olds who will be entering kindergarten the following year. Families are invited to provide such information as they wish to have considered to the principal or Early Childhood Coordinator. All information will be treated confidentially, in keeping with student records requirements. The principal will make enrollment decisions at his professional discretion, after consulting with appropriate staff, balancing the interests of individual children with the effectiveness of the program.

If you have questions about enrollment procedures or the preschool program please call Lynne Ready, Early Childhood Coordinator, at 508-487-1558 ext 228.

Sincerely,

Lynne Ready
Early Childhood Coordinator
Robert Beaudet
Principal
TRURO CENTRAL SCHOOL  
317 RTE 6, POB 2029  
TRURO, MA 02666  
Phone: 508-487-1558  
Fax: 508-487-4289

Michael Gradone  
Superintendent

Robert Beaudet  
Principal

PRESCHOOL PROGRAM  
ENROLLMENT REQUEST FORM

I hereby request the enrollment of my child, ________________________________, in the Truro Central School Preschool Program as indicated below.

We request that you register only for time you plan to use. For example: please do not request extra mornings or afternoons “just in case” or to use “once in a while”. This will allow us to meet more families’ needs.

Slot availability is dependent on registration demand for Truro residents and Truro Town employees. Please indicate your schedule preference. Be aware that your preference for preschool schedule may not be available due to high registration numbers. After March 16, 2020 you will receive a letter confirming your child’s place in the program and indicating which days and times your child will attend. Your child’s final assignment is at the discretion of the Principal and may not be for all the time you have requested.

**Choice combinations are: Two Days per Week (T, TH); Three Days per Week (M, W, F) or Five Days per Week (M-F)**

**Morning Instruction: 8:20-12:00 p.m. (please check off your request)**

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<th>Monday</th>
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**Extended Day: 12:00 - 2:50 p.m. (please check off your request)**

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For new enrollees, a completed registration form must accompany this contract. Previously enrolled students need not complete a new registration form unless there have been changes in information, but a new enrollment request form and physical exam is required each year.

Please see the back of this form for information on entrance eligibility requirements.

_____________________
Parent/Guardian Signature

_____________________
Date
The Truro Central School Preschool Program serves the Town’s three- and four-year-olds. By state and federal regulation, preschoolers three years old and older are entitled to Special Education services, including enrollment in a program with their peers.

The TCS program is open to resident children who turn 3 years old on or before September 1 of a given year. TCS also enrolls children of Town employees. The School Committee does not charge a fee for this program. Maximum enrollment is set by state regulation.

Registrations for each year’s program are set in the spring. In setting enrollment, school staff will take into account factors including the child’s age; previous school experience; the child’s needs; the family’s requested schedule; and program logistics. Some preference is often given four year olds who will be entering Kindergarten the following year. Families are invited to provide such information as they wish to have considered. All information will be treated confidentially, in keeping with student records requirements. The Principal will make enrollment decisions at her/his professional discretion, after consulting with appropriate staff, balancing the interests of individual children with the effectiveness of the program.
Truro Central School
P.O.Box 2029
Truro, MA 02666
REGISTRATION FORM

Date Enrolled ___________________________
Birth Certificate Presented ___________________________
Special Education _____ Yes ____ No
Early Intervention _____ Yes ____ No

Student’s Legal Name ___________________________ ___________________________ ___________________________
First Middle Last

Preferred Nickname ___________________________
Child’s Primary Language ___________________________
Are any other languages, other than English, spoken in the home. If so, what? ___________________________

Boy _______ Girl _______ Grade ___________________________

Residential Address: ___________________________ Town ___________________________ Zip __________
Mailing Address: ___________________________ Town ___________________________ Zip __________

Telephone # ___________________________ (Day) ___________________________ (Evening) ___________________________ (cell)

Date of Birth: year _______ month _______ day _______

Place of Birth ___________________________
City State
If born in another country: ___________________________
City Country

Are you a Military Family? ☐ Yes ☐ No

Please answer BOTH questions.
Are you Hispanic or Latino? Select only one.
☐ No, not Hispanic or Latino
☐ Yes, Hispanic or Latino, a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

What is your race? You may select one or more races.
☐ White, a person having origins in any of the original peoples of Europe, the Middle East, or North Africa
☐ Black or African American, a person having origins in any of the black racial groups of Africa
☐ American Indian or Alaskan Native, a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliations 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 Philippine Islands, Thailand and Vietnam.
☐ Native Hawaiian or Other Pacific Islander, a person having origins in any of the original peoples of Hawaii, Guam. Samoa or other Pacific Islands.

***Please complete reverse side***
Parent/Guardian’s Name _____________________________ Place of Birth _____________________________

Address if different from student’s ______________________________________________________________

Email _____________________________ Occupation _____________________________

Business Address _____________________________ Business phone _____________________________

Second parent/Guardian’s name _____________________________ Place of Birth _____________________________

Email _____________________________ Occupation _____________________________

Business Address _____________________________ Business phone _____________________________

Does the child live with both parent’s? ________ If not, which one? _____________________________

Are there any other adults who live with the child? _____________________________________________

If so, please give name and relationship to child’s family. __________________________________________

_______________________________________________________________________________________

Legal Guardian _____________________________ If legal guardian is someone other than child’s parent a court document, signed by a judge, must be submitted to the school.

Is there any legal document, i.e. restraining order, regarding this child of which the school should be aware? _____________________________________________

Is there a custody or adoption issue of which the school should be aware? _____________________________________________

Is there any other information of which the school should be aware? _____________________________________________

Name and address of last school attended _______________________________________________________

_______________________________________________________________________________________

Please list all other children in your family, eldest first

Name _____________________________ D/O/B Grade _____________________________ School

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

Who completed this form? _____________________________________________

Relationship to child? _____________________________ Date _____________________________