

Golden Brook School

112B Lowell Road
Windham, NH 03087

Christopher Hunt
Principal

Brian Shawley
Assistant Principal

Jessica Benson
Assistant Principal

Mary Ellen Panatzis
Director of Special
Education

Heather Pacheco
Early Childhood
Coordinator

Phone: (603) 845-1552 · Fax: (603) 845-1553 · www.windhamsd.org

Dear Parents and Guardians:

It is with great pleasure that we welcome you and your child to Golden Brook School! The primary years of a child's education are critically important. Our talented and dedicated staff are extremely proud to provide a comprehensive curriculum that meets the needs of each of our learners. This year promises to be filled with exciting firsts for both you and your child. Several important events will take place prior to the first day of school for students this upcoming 2022-2023 school year.

- **Parent Registration Information Night** for incoming Kindergarten and Preschool students will be held on Wednesday, January 12th at 6:30pm. Snow date: Tuesday, January 18th at 6:30pm. **MASKS REQUIRED PLEASE**
- Registration drop-off events for incoming Kindergarten and Preschool students, **who are not currently enrolled in Pre-K at Golden Brook School**, will be offered on **Tuesday, February 1, 2022 from 4-6 pm and Thursday, February 3, 2022, from 5-7 pm**. All registration materials must be copied by parents/guardians and dropped off at the school in the car drop-off line at the back of the building (see attached map of campus), during one of the above noted times/dates. Please make sure to use the checklist contained in this packet, to ensure all your materials are included before arriving at the drop-off location.
- The Kindergarten Registration Packet can be found on the Windham School District website by visiting www.windhamsd.org . From there, navigate to the **Registration Tab**. **Please Print all forms**.
- The Preschool Registration Packet can be found on the Windham School District website by visiting www.windhamsd.org . From there, navigate to the **Registration Tab**. **Please Print all forms**.
- If you are unable to attend one of the registration evenings, please contact:
Diane Figaro for Kindergarten by emailing dfigaro@windhamsd.org or calling 603-845-1558 x 5840 or
Elaine Soucy for Preschool by emailing esoucy@windhamsd.org or calling 603-845-1552 x 2803.

Please feel free to contact our school if you have any questions. We hope to see you soon!

Sincerely,



Christopher Hunt
Principal



GBS PRESCHOOL PROGRAM REGISTRATION PROCESS

2022 – 2023

The Windham Preschool Program is committed to providing high quality, developmentally appropriate education to children between the ages of three and five. The staff believes that a strong bond between families and school enhances growth and fosters progress in all developmental domains.

Preschool programs are available for children who are three or four years old by September 30th.

(Students who turn five years of age by September 30 - attend Kindergarten).

We are unable to register your student if you have not secured residency in Windham.

In order to be eligible for Preschool, children must be potty-trained (diaper free) and born between October 1, 2018 and September 30, 2019 for three-year old's and October 1, 2017 – September 30, 2018 for four-year old's.

If your child will be age 5 by Sept. 30, 2022 he/she will enter Kindergarten.

New children registering with the GBS Preschool program must submit the completed registration packet (a/k/a application) to be entered into the Lottery. Those applications will be put into a lottery to fill the remaining spots in the preschool program. The lottery will be held on February 14, 2022. After the lottery is complete, the remaining names, in the order that they are pulled, will be put on a wait list. All applicants will be notified of acceptance by February 25, 2022. Once notified of a received spot, parents must submit a non-refundable deposit check of \$150.00 made out to The Windham School District by March 11, 2022 or the spot will be forfeited to the next person on the waitlist.

This fee will be put towards your child's first month tuition payment!

GBS PRESCHOOL TUITION

2022-2023

Tuition:

Non-Refundable Registration Fee of \$150.00 is due at time of acceptance to the program and must be received no later than March 11, 2022. **This fee will be put towards your child's first month tuition payment.** A lottery will be held on February 14, 2022 and you will be notified of acceptance to the program by February 25, 2022.

2 Day Session - \$150.00/month

4 Day Session: \$300.00/ month

Additional Information:

Program is in session from September to June. Tuition payment is due on the first of each month. Payment needs to be received promptly. If payment is late, you will receive a letter indicating that payment is due and a \$25.00 late fee will be assessed.

You will not receive an invoice. Paying on time is the parent's responsibility.

A 10% discount will be given, if the entire 10 months tuition is paid in full and received by 9/6/22.

Please make checks payable to: **Windham School District**
please add your child's name on the check

Mail directly to:

SAU #95 Windham School District
19 Haverhill Road Windham, NH 03087
Attention: **Cary Soto-Lozada**

We also offer a second way to send payments.

Go to <https://www.windhamsd.org> and click on Golden Brook Elementary School.

Click: **How Do I?**

Click: **Pay for Meals**

This will bring you to the **K-12 Payment center**, where you will also be able to make a tuition payment by signing up for an account. (You may need to sign -up as guest for the first payment until school starts)



We Will Not Be Able to Make Copies for you!

Please bring copies of all required registration documents with you when you drop off your Preschool or Kindergarten Registration Materials at one of the **Registration** Drop-off events listed below

For the 2022-2023 School Year

Preschool/Kindergarten Parent Information Night

Thursday, January 12, 2022 @6:30pm

Golden Brook School – Masks Required Please

(snow date, if necessary 1/18/22 6:30pm)

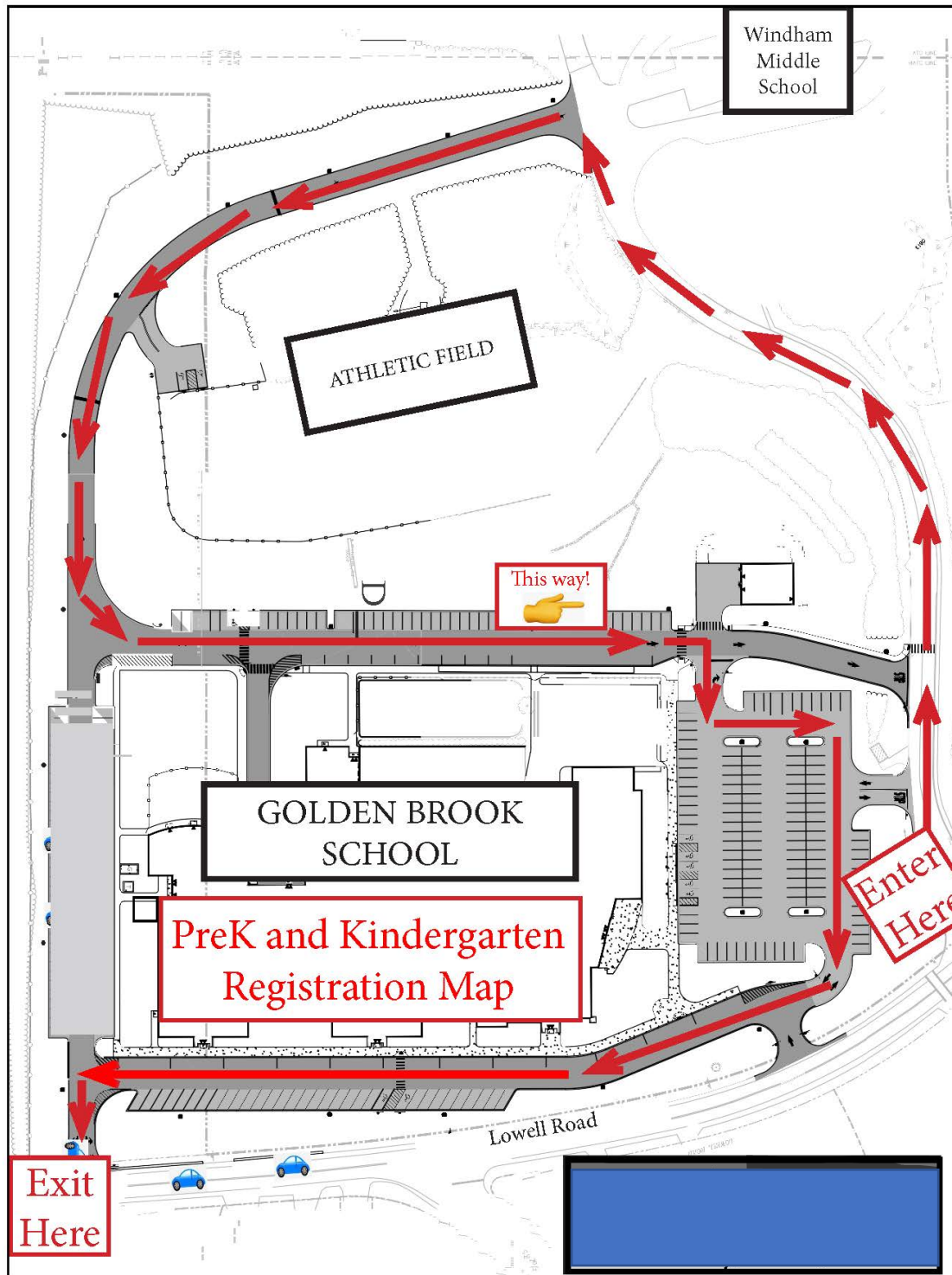
Preschool/Kindergarten **Registration** Drop-Off Dates

February 1, 2022 (4:00pm – 6:00pm)

February 3, 2022 (5:00pm – 7:00pm)

(Snow Date, if necessary 2/8/22 4:00pm – 6:00pm)

Thank You!



MAP OF GBS CAMPUS



STATE MANDATED HEALTH REQUIREMENTS FOR NEW STUDENTS

Dear Parent or Guardian:

Welcome to Golden Brook School. We would like to be able to assist you and your child with adjusting quickly and comfortably into a new school setting. Of special importance to us is your child's health and prevention of communicable disease.

New Hampshire State law requires all children to have a physical examination before entering school. Please submit the most recent copy of the physical examination and immunization records when registering your child, along with the date of the next scheduled physical examination. All final physical exams must be dated no earlier than September 1, 2021 (**You must provide the date of the upcoming exam to the school nurse before school begins**). Any information made available regarding allergies, physical disabilities and so forth, would become part of your child's record.

New Hampshire State Law, RSA 141-C: 20 requires all students in New Hampshire to be immunized against diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, Hepatitis B and Varivax (chicken pox) **before enrollment in school**.

Acceptable immunizations include:

- Four (4) or five (5) doses of DTP/DT/DtaP/TD, last dose on or after 4th birthday.
- Three (3) or four (4) doses of Polio vaccine, with the last dose after the 4th birthday of an all IPV or all OPV Schedule.
- As of April 1, 2016, all Polio vaccines administered must specify that it was an IPV does, not OPV, on the child's immunization record.
- Two (2) doses of measles, mumps, rubella (MMR) on or after 12 months of age.
- Dose 2 at least 28 days after the first dose.
- Three (3) doses of Hepatitis B (required if born on or after 1/1/1993). Dose 1 and 2 separated by at least 28 days. Dose 3 shall be administered on or after age 24 weeks and be separated by a minimum of 16 weeks from the first dose and 8 weeks from the second dose.
- Two (2) doses of varicella or varivax vaccine (chicken pox) with the first dose given on or after 12 months of age. Dose two at least 3 months after the first dose, or lab confirmation of immunity.

For all minimum intervals and age requirements, a 4-day grace period is acceptable.

If your child does not have the required vaccines, she/he may be conditionally enrolled if she/he has received at least one dose of the required vaccines. This requirement may be waived for medical reasons if evidence is presented from your physician that immunization will be detrimental to her/his health or for religious reasons when a written notarized statement is presented to the school. If you have any questions, please feel free to contact us.

Also, please be aware that if your child is sick, it is very important to keep them home. We ask that they remain at home for at least 24 hours after having a fever, vomiting or have been started on antibiotics.

Regarding COVID-19, we are following the most current NHDHHS guidelines.

<https://www.covid19.nh.gov>

Christina Dunn, R.N.
Christina Bonfiglio, R.N.

2022-2023

Preschool/Kindergarten REGISTRATION Checklist

2 Current Proofs of Residency for your Windham address are required at the time of registration!

Copies of all documents/forms MUST be brought to one of the Registration Drop-Off Nights. Copies cannot be made on Registration Nights.

- ☐ Current Mortgage Statement or fully executed Rental/Lease Agreement
- ☐ Current Utility Bill or Car Registration
- ☐ Birth Certificate (Kindergarten students must be age 5 by 9/30/22)
- ☐ Driver's License/Photo ID for one parent
- ☐ Immunization Record
- ☐ Physical Examination (most recent please)
- ☐ Completed Registration Packet (all forms)
- ☐ Completed Lotter Ticket

To expedite the registration process, please bring **copies** of the first (6) items above, along with the completed registration packet, to one of the Registration Drop-Off Events. We are requiring copies of all documentation so that we may process parent(s) in a quick manner.

QUESTIONS?

Preschool questions email Elaine Soucy esoucy@windhamsd.org

Kindergarten questions email Diane Figaro dfigaro@windhamsd.org

Preschool/Kindergarten Paperwork Dropoff Events

February 1, 2022 (4:00pm - 6:00pm) or February 3, 2022 (5:00pm - 7:00pm)



Mark Your Calendar



Important dates for incoming PRESCHOOL for 2022-2023 School Year

| | |
|--|--|
| Wednesday, January 12th at 6:30pm <i>Snow date 1/18/22 6:30pm</i> | Parent Registration Information Night <i>Registration Packets will be available on this night</i> |
| Tuesday, February 1st from 4:00 to 6:00pm OR Thursday, February 3rd from 5:00 to 7:00pm <u>Snow date:</u> Tuesday, February 8th 4:00 to 6:00pm | Open Registration for Preschool and Kindergarten at Golden Brook School for the 2022-23 school year. Please bring copies of all the required paperwork as outlined on the registration packet. Registrations will not be accepted before these dates for the 2022-23 school year. <i>If you are unable to attend one of the evening registration dates, please call or email:</i> <i>Elaine Soucy (603) 845-1552 x2803 esoucy@windhamsd.org for Preschool.</i> <i>Diane Figaro (603) 845-1558 x 5840 dfigaro@windhamsd.org for Kindergarten.</i> |
| Monday, February 14th | The Lottery will be held. <i>Applications (a/k/a Completed Registration Packets) for the Lottery MUST be in by 2/11/2022.</i> |
| Friday, February 25th | Program Acceptance All applicants will be notified of acceptance. |
| Friday, March 11th | Deposit Due <i>Once notified of a received spot, parents MUST complete registration by submitting a non-refundable registration fee of \$150.00 made out to The Windham School District by 3/11/2022 but NO LATER or the spot will be forfeited to the next person on the waitlist. <u>This deposit will be put towards the first month's tuition</u></i> |
| August 2022 | INFOSNAP (Registration Verification) All parents of newly registered students will receive an email early-August, before the start of school, to update their student's information and view their student's classroom teacher assignment. Please call the school office if your email address has changed before the start of the 2022-2023 school year. If your email is incorrect, parents will not receive the InfoSnap link to update your student's information in the school database. |

If circumstances change after registration or you no longer reside in Windham, **please** notify Elaine Soucy, as soon as possible or at least 2 weeks before the start of the school year!
(603) 845-1558 X 3802 esoucy@windhamsd.org

FREQUENTLY ASKED QUESTIONS

2022-2023 School Year

| PRESCHOOL QUESTIONS/ANSWERS | |
|--|--|
| <p>Will there be an open house for my child to visit the school?</p> <p>Entering preschool students and their parents will be invited to visit their classroom and teacher on Meet-N-Greet Day prior to the first day of school. Detailed information regarding date and time will be sent to you in August.</p> | <p>What is the age requirement for Preschool?</p> <p>In order to be eligible for Preschool, children must be potty-trained (diaper free) and born between October 1, 2018 and September 30, 2019 for three-year old's and October 1, 2017 – September 30, 2018 for four-year old's.</p> |
| <p>How long is the Preschool school day?</p> <p>The Preschool program runs 2.5 hours per session:</p> <p>AM Session: 9:00 am -11:30 am</p> <p>PM Session: 12:25 pm – 2:55 pm</p> | |
| <p>Will there be snack time for my child?</p> <p>Yes, specific snacking times vary by teacher and will be communicated with you at the start of the school year. All snacks should be provided by the home. Healthy snacks are encouraged!</p> <ul style="list-style-type: none"> ● FOCUS ON SELF-HELP, INDEPENDENCE & HYGIENE | <p>What will the day consist of for incoming preschoolers?</p> <p><i>Integrated:</i> Honoring the needs of all students in an inclusionary classroom setting Team</p> <p><i>Approach:</i> Early Childhood Educators, Related Therapy Providers, and Instructional Assistants all work together</p> <p><i>Academic:</i> Scientifically based, multi-sensory instruction, expressed in thematic units</p> <p><i>Curriculum & Technology:</i> Students have hands-on opportunities to explore iPads, SMART Board, and Laptops at various times</p> |



WINDHAM SCHOOL DISTRICT REGISTRATION FORM FOR PRESCHOOL
(Please Print Clearly – Using One Form for Each Child You Are Registering)

Student Name: _____
Last First Middle

Street Address: _____
Windham, NH 03087

Date of Birth: _____ (MM/DD/YYYY)

Gender: Male _____ Female _____

Ethnicity of Student: African-American ~ American ~ Indian ~ Asian ~ Hispanic ~ White
(Please Circle One)

Are court orders in place, that pertain to this student? YES NO
(If yes, please provide a valid court order to the School Office prior to first day of school)

Does your student receive Special Education services? YES NO
Does your student have an active 504 plan in place? YES NO
(If yes, please provide an up-to-date, signed IEP or 504 plan)

Language spoken at home: English ~ Other: _____

Parent/Guardian 1- Name: _____

Relationship to Student: _____

Parent/Guardian 1-Phone: _____

Parent/Guardian 1-Email: _____

Parent/Guardian 2 - Name: _____

Relationship to Student: _____

Parent/Guardian 2 Phone: _____

Parent/Guardian 2 Email: _____

Student lives with: ☐ Parent 1 ~ ☐ Parent 2 ~ ☐ Both Parents ~ ☐ Guardian

Who should receive the August PowerSchool email? ☐ Parent 1 ☐ Parent 2 ☐ Guardian

Do you currently have other child(ren) in the Windham School District? ☐ YES ☐ NO

Name _____ Grade _____

Name _____ Grade _____

Complete and Return

Office Use Only _____

Items Owed: ☐ Proof Residency ☐ Birth Cert ☐ Driver's License ☐ Immunization/Physical

Form(s) enclosures : ☐ Registration ☐ Affidavit ☐ Health ☐ Release of records ☐ HLS



Windham School District SAU #95

19 Haverhill Road

Windham, NH 03087

www.windhamsd.org

WINDHAM RESIDENCY AFFIDAVIT

NH RSA 193:12

"Notwithstanding any other provision of law, no person shall attend school, or send a pupil to the school, in any district of which the pupil is not a legal resident...legal residence is where his or her parent(s) reside..."

Student Name(s)

DOB

AGE

GRADE

Parent(s)/Legal Guardian(s) Name(s): _____

Physical Address: _____
(No PO Boxes) Windham, NH 03087

I hereby certify and swear that this information is true and correct. I understand that the information I have provided will be used and relied upon by the Windham School District to determine enrollment. If after enrollment, I move out of the Town of Windham, I will give proper notification to the school. I authorize the Windham School District to independently verify this information when necessary.

Signature of Parent/Legal Guardian

Date

Signature of District Registrar/Designee

Date

Complete and Return



GOLDEN BROOK SCHOOL NEW STUDENT INFORMATION HEALTH OFFICE FORM

(Please Print Clearly – Using One Form for Each Child You Are Registering)

Student Name: _____
Last, First Middle

Address: _____
Windham, NH 03087. (No PO Boxes)

Incoming Grade Level: _____ **Upcoming Physical Exam Date:** _____
(if occurring after registration day)

Gender: Male Female (circle one)

Date of Birth: _____ **Place of Birth:** _____
mm/dd/yyyy

Parent/Guardian 1 Name: _____
Relationship to Student: _____

P1 Email: _____

P1 Phone: _____

Parent/Guardian 2 Name: _____
Relationship to Student: _____

P2 Email: _____

P2 Phone: _____

Primary Emergency Phone Number: _____

Does the student have any medical needs the school should be aware of? YES NO
If yes, briefly explain: _____

Allergies: Does your child have physician-documented allergy? YES NO

Does the student require the use of an Epi-pen? YES NO

If yes, does the student require placement in an **allergy-aware classroom**? YES NO

Student lives with: P1 P2 Both Other _____
(Circle one)

Complete and Return

Start Date: _____



Home Language Survey (HLS)

Dear Parent 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 sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.

| | | |
|---|------------|--|
| STUDENT NAME: | | |
| First | Middle | Last |
| DATE OF BIRTH: | | GENDER: |
| Month | Day | Year |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| PARENT/PERSON IN PARENTAL RELATION INFO: | | |
| | | |
| Last Name | First Name | Relation to Student |

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 _____ <i>specify</i> |
| 2. What was the first language your child learned? | <input type="checkbox"/> English | <input type="checkbox"/> Other _____ <i>specify</i> |
| 3. What is the Home Language of each parent/guardian? | <input type="checkbox"/> Mother _____ <i>specify</i> | <input type="checkbox"/> Father _____ <i>specify</i> |
| | <input type="checkbox"/> Guardian(s) _____ <i>specify</i> | |
| 4. What language(s) does your child understand? | <input type="checkbox"/> English | <input type="checkbox"/> Other _____ <i>specify</i> |
| 5. What language(s) does your child speak? | <input type="checkbox"/> English | <input type="checkbox"/> Other _____ <i>specify</i> |
| | | <input type="checkbox"/> Does not speak |
| 6. What language(s) does your child read? | <input type="checkbox"/> English | <input type="checkbox"/> Other _____ <i>specify</i> |
| | | <input type="checkbox"/> Does not read |
| 7. What language(s) does your child write? | <input type="checkbox"/> English | <input type="checkbox"/> Other _____ <i>specify</i> |
| | | <input type="checkbox"/> Does not write |

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:

Student SASID

School Name

Address

COMPLETE AND RETURN (Page 1)

Home Language Survey (HLS)—Page Two

| Educational History |
|--|
| 8. Indicate the total number of years that 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. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="margin-right: 20px;"> Yes* <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> </div> <div> *If yes, please explain: _____ </div> </div> |
| How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe |
| 10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* <i>*Please complete 10b below</i> |
| 10b. <i>*If referred for an evaluation</i> , has your child ever <u>received</u> any special education services in the past? <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="margin-right: 20px;"> <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____ </div> </div> |
| Age at which services received <i>(Please check all that apply):</i> <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 (Special Education) |
| 10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 11. Is there anything else you think is important for the school to know about your child? <i>(e.g., special talents, health concerns, etc.)</i> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |
| 12. In what language(s) would you like to receive information from the school? _____ |

Signature of Parent or Guardian

Month: _____
Day: _____
Year: _____

Date

Relationship to student: ☐ Mother ☐ Father ☐ Other: _____

| OFFICIAL ENTRY 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: <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 5px;"> Mo DAY YR </div> | | OUTCOME OF INDIVIDUAL INTERVIEW: <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 5px;"> <div style="width: 150px;"> <input type="checkbox"/> ADMINISTER STATE APPROVED WIDA Screener <input type="checkbox"/> NOT ELIGIBLE FOR EL SERVICES </div> </div> | |
| NAME/POSITION OF NH ESOL AND WIDA CERTIFIED PERSONNEL ADMINISTERING WIDA SCREENER | | | |
| NAME: _____ | | POSITION: _____ | |
| DATE OF WIDA SCREENER ADMINISTRATION: <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 5px;"> MO DAY YR </div> | | <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 150px;"> PROFICIENCY LEVEL ACHIEVED ON WIDA SCREENER: </div> <div> Overall Composite Score: _____ Does the student qualify for EL support? <input type="checkbox"/> No <input type="checkbox"/> Yes </div> </div> | |
| FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP: <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div> | | | |

Updated: 2020

COMPLETE AND RETURN (page 2)



Session Preference (please
circle choice)

3 yr. old 2 -day T/TH - AM

3 yr. old 2 -day W/F - AM

4 yr. old 4 - day AM or PM
or No Preference

OFFICE USE ONLY
Lottery Position #

Placement:
AM or PM

STUDENT NAME

DOB

Parent (Guardian)

Parent Address

Parent phone

Email Address

_____ First _____ Last

PRESCHOOL

COMPLETE AND RETURN