

Dear Families,

We are excited to announce a wonderful opportunity for your child's early education and development. The Sanford/Springvale YMCA is partnering with the Sanford School District to offer a free full-day pre-kindergarten program for the 2024-2025 school year.

This program is available to children who turn 4 years old on or before October 15, 2024, and reside in the Sanford/Springvale community. The program will run from 8:00 a.m. to 3:00 p.m., Monday through Friday, and will be held at the YMCA facility located at 1 Emile Levasseur Drive in Sanford.

Children participate in age-appropriate learning experiences that promote school readiness and support holistic development. Our programs focus on reading and math skills, creativity, health and nutrition, and social-emotional development.

To support your family's needs, the program will provide the following services at no cost:

- Free nutritious breakfast and lunch provided by Sanford School Nutrition
- Transportation to and from the YMCA for students enrolled in the day program (8:00 a.m. - 3:00 p.m.)

Additionally, optional before school care from 6:00 a.m. to 8:00 a.m. and after school care from 3:00 p.m. to 5:00 p.m. will be available at a cost for families who require extended hours.

This exceptional opportunity is made possible through the Maine Department of Education Pre-K Community Partnership Grant, which aims to provide high-quality early childhood education experiences for children in our community.

We encourage you to explore this fantastic program and secure a spot for your child. Enrollment is limited to 16 children, so please contact us as soon as possible to reserve your child's place.

For more information or to enroll, please contact Jessica Bouchard at 207-324-4942 or jbouchard@sanfordymca.org.

We look forward to partnering with you in providing a strong foundation for your child's learning and development.

Best regards,

Steve Bussiere
Assistant Superintendent
Sanford Schools

Matt Ouellette
Childcare Director
Sanford/Springvale YMCA



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Sanford Public Pre-K @ the Sanford-Springvale YMCA
Pre-K Wrap-A-Round @ the Sanford-Springvale YMCA

1 Emile Levasseur Drive
Sanford, Maine 04073
207-324-4942

Enrollment Form

Childs Name: _____ Date of Birth: _____

Parent/Caregiver Names: _____

Date of Application: _____

Registering for:

Public Pre-K @ YMCA _____

Public Pre-K @ YMCA and Wrap-A-Round Care _____

Wrap-A-Round Care @ YMCA _____

Please circle which school your child will be transported to/from:

CJL MCS Pride

THE FOLLOWING ITEMS **MUST** BE COMPLETED BEFORE CHILD CAN START:

- 1. Emergency Contact Form _____
- 2. Child Profile /Development Form _____
- 3. Agreement Contract _____
- 4. Release and Field Trip Permission/
Medical Emergency Release _____
- 5. Immunizations Records _____
- 6. Parent Statement of Understanding _____
- 7. Copy of Birth Certificate _____

By Signing and of my own free will, I do hereby agree to indemnify and save harmless the Sanford-Springvale YMCA from any and all claims or demands, cost or expenses arising out of any damage sustained to my child and any party I am responsible for.

Parent/Caregiver Signature

Date

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Child Emergency Information

All information must be completed in full for state licensing purposes.

Start Date _____ End Date _____ **Child's Name** _____

Age _____ Date of Birth _____ Gender: _____

Mailing Address _____ Physical Address _____

Town _____ Zip _____ Home Phone _____

Parent/Caregiver's Name _____ Date of Birth _____ Relationship _____

Mailing Address _____ Physical Address _____ Town _____ Zip _____

Home Phone _____ Alternate Phone _____ Email Address _____

Business Name _____ Business Phone _____

Parent/Caregiver's Name _____ Date of Birth _____ Relationship _____

Mailing Address _____ Physical Address _____ Town _____ Zip _____

Home Phone _____ Alternate Phone _____ Email Address _____

Business Name _____ Business Phone _____

With whom is the child living? _____ is there a Court Order? Yes (please attach) No

Parent/Caregiver to contact first _____

Child's Physician _____ Phone _____ Address _____

Child's Dentist _____ Phone _____ Address _____

Insurance Provider _____

***Allergies** _____ **Reaction** _____

***Medical Conditions** _____ **Daily Medications** _____

Other Person to Contact _____ Date of Birth _____ Relationship _____

Mailing Address _____ Physical Address _____ Town _____ Zip _____

Home Phone _____ Alternate Phone _____ Email Address _____

Business Name _____ Business Phone _____

The following people are the ONLY people to pick up my child, should I be unable to do so.

Please remind them to bring a picture ID when they come to pick up your child(ren).

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

***Should your child have an allergy or medical condition, please contact the director prior to enrollment.**

DEVELOPMENTAL INFORMATION

Our program is designed to meet each child's individual needs. The following information is requested to help us plan for your child.

Child's Name _____

Date of Birth _____

HEALTH

Serious illness and/or hospitalizations: _____

If yes, please explain: _____

Has your child been diagnosed with a medical condition? _____

If yes, please explain: _____

Does your child have any special needs?: _____

If yes, please explain: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____

Regular Medications: _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other children/day care? _____

Reaction to strangers? _____ Able to play alone? _____

Favorite toy and activities: _____

Fears (the dark, animals, etc.) _____

How does your child react when they are upset? _____

How do you comfort your child? _____

What is your method of behavior management/discipline at home? _____

Does your child have other siblings? _____ Please list their names: _____

Does your child have a pet? _____ What is your pet's name? _____

Please describe any cultural habits/home issues that might affect your child's behavior or that you'd like us to be aware of: _____

RELEASE FORM AND FIELD TRIP PERMISSION AUTHORIZATION

Child's Name: _____ **Date:** _____

- | | | |
|--|-----|----|
| 1. I give permission for the YMCA Childcare Staff to apply sunscreen on my child | Yes | No |
| 2. I give permission for the YMCA Childcare Staff to apply insect repellent | Yes | No |
| 3. I give permission for the YMCA Childcare Center to photograph/videotape my child for the use in the center and marketing and promotional purposes | Yes | No |
| 4. I give permission for my child to participate in walking field trips away from the YMCA. | Yes | No |
| 5. I give permission for my child to participate in a weekly recreational swim session | Yes | No |

Parent/Caregiver Signature	Date
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MEDICAL EMERGENCY RELEASE

I _____ hereby authorize the Sanford-Springvale YMCA to arrange for medical and/or treatment for my child _____ should an emergency arise. It is understood that a conscientious effort will be made by the YMCA to contact me at the emergency number I have provided before any medical action is taken. I understand that if the need arises, my child will be taken to the nearest hospital.

Parent/Caregiver Signature	Date
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Parent/Caregiver Signature	Date
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Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please keep and refer to your copy of the YMCA Parent Handbook, which includes the following program policies:

- I understand that I am not to leave my child at the YMCA or a program site unless a YMCA teacher/site director/group leader is there to receive and supervise my child.
- I understand that the YMCA staff and volunteers are not allowed to baby-sit or transport children outside of the YMCA program at any time without prior authorization from the Executive Director. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must either be listed with the YMCA (Child Emergency Information Form) or other arrangements must be made in writing.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff has no recourse but to contact the police. Please do not put staff in a position where they need to make this judgment.
- I understand that my child cannot return to childcare until he/she has been fever-free for a 24-hour period of time with out fever reducing medicine.
- I understand that the YMCA is mandated, by state law, to report any suspected cases of Child abuse or neglect to the appropriate authorities for investigation.

Parent/Caregiver Signature

Date

Emergency Closure Policy For Wrap-A-Round Care

The Sanford-Springvale YMCA might need to implement short-term closure procedures under the following circumstances.

- The administration of the YMCA reserves the right to close at any time due to staffing and guidance from the State of Maine and CDC.
- Tuition remains due when our program is closed.
- The Sanford-Springvale YMCA has the discretion to make closure decisions based on the health of staff and children in our care.

Parent /Caregiver Signature

Date

Child Care Director

Date

Sanford-Springvale YMCA
1 Emile Levasseur Drive
PO Box 249
Sanford, Maine 04073
Voice: (207) 324-4942
Fax: (207) 636-8046

Physician's Examination Form Child's Name: _____ D.O.B. _____

Sex: Male Female Height: _____ Weight: _____ Blood Pressure: _____

Date of last physical exam: _____

Abnormalities: Yes No please specify: _____

Tuberculin Test? Yes No Date: _____ Result: _____

Lead Screening? Yes No Date: _____ Result: _____

Teeth: Decayed? Yes No Filled: Yes No Missing: Yes No

Can this child participate in usual "school" activities? Yes No If no, please list restrictions:

Does this child require special dietary restrictions for medical reasons? Yes No if yes, please explain:

Known allergies: _____

Immunizations: (month/year, month/year, month/year, month/year)

DT, DTP or DTaP: _____

Pneumococcal: _____

Polio: _____ MMR: _____

HIB: _____ Varicella: _____

HepB: _____ Rotavirus: _____

Physician's Name: _____ Date: _____

Address: _____

Physician's Signature: _____ Date: _____

Is there anything else you would like us know about your child?

Introducing Wrap-A-Round Care

By having a public Pre-K classroom at the YMCA we are extremely privileged to be able support families before and after the school day with Wrap-A-Round childcare. If you are in need of childcare before school, after school, or both, please see the form on the next page.



Wrap-A-Round

Before Care Only	After Care Only	Before & After Care
Full Time (5 Days) YMCA Member \$65 Community Member \$70	Full Time (5 Days) YMCA Member \$75 Community Member \$80	Full Time (5 Days) YMCA Member \$95 Community Member \$100
Part Time (3 Days) YMCA Member \$55 Community Member \$60	Part Time (3 Days) YMCA Member \$65 Community Member \$70	Part Time (3 Days) YMCA Member \$75 Community Member \$80

Childcare Fee Agreement

Classroom will be assigned and are subject to change with proper notification to meet licensing guidelines.

The following agreement is a binding agreement between the Sanford-Springvale YMCA (childcare provider) and _____ (Parent/Guardian's name) I, _____, hereby enroll my child _____, in the childcare program listed above. I will require the services of this program between the hours of _____ and _____ for the following days of the week:

Monday **Tuesday** **Wednesday** **Thursday** **Friday**

Wrap-A-Round Care is open 6AM-6PM

My payment of \$_____ will be made by the previous Friday of services rendered. In other words, payment is to be made in advance of service, not at the end of the completed week. Late fees will be applied accordingly

Non-payment of fees when due, will result in notification of childcare termination

A late pickup fee of \$5.00 for the first 1-5 minutes, then \$1.00 for each additional minute. When a child is withdrawn from the program, the slot is open for another family. If the parent wishes to re-enroll the child at a later date and a slot is available, the child may return, but this is NOT a guaranteed option. Two (2) weeks written notice MUST be given to the YMCA when withdrawing a child or dropping number of days from the program. Payment is still expected during these two weeks even if child is removed from the program earlier. Weeks will not be prorated. Full weeks payment are expected for full time enrollment regardless of vacations and holidays. I have read (or have had read to me) this childcare agreement. I understand and accept its terms.

Signed: _____ Date: _____

Director: _____ Date: _____

Should my bank/credit card company for any reason not honor any childcare draft, I realize that I am still responsible for that payment plus a service charge between \$15-\$30 applied by the YMCA. This is in addition to any service fee my bank/credit card company may charge. The rejected childcare payment and service charge will automatically be resubmitted to your bank/credit card company. If there is a second rejection, you will be required to pay the childcare payment and fees with an alternate form of payment.

Please draft the indicated account every Friday

CREDIT CARD or DEBIT CARD

Name of Card Holder _____ Visa MasterCard
Discover (Circle one) Street/P O Box: _____ CITY
_____ ST _____ ZIP _____ Mailing Address of Card Holder Credit Card
Number: _____ Exp. Date _____
CVV# _____ (3 digit number on the back of your card)
X _____
(Card holder Signature) (Date signed)

Payment Policy and Procedure

- The first week's payment is due by the Wednesday prior to the first week of care.
- Payments, including by mail, must be received by the Friday before the next week of care.
- Payments are to be made at the Welcome Center Desk. Receipts will be given after the payment is made. Receipts for credit card or bank drafts can be printed at the parents or guardians' request. Payments may be called in by phone. You may request to have your payment method on file to make this easier. Payments will not be auto drafted unless you have requested this method. Credit card receipts and bank statements can serve as the initial receipt.
- Payment is based on contract for days enrolled, not days attended. • Fees will not be prorated for sick, vacation or non-attended days.
- A \$15.00-\$30.00 fee will be charged for all returned checks (N.S.F.) or declined Debit/Credit drafts.

I have read and understand the Payment Policy and Procedure Form. I realize that by signing this, I agree to comply with the above policy. If I am not able to adhere to these policies, I will contact the Childcare Director or the Billing Department.

Legal Guardian's Signature: _____ Date: _____

Sanford School Department

917 Main Street, Suite 200, Sanford, Maine 04073 - Tel.: 207-324-2810

Pre-K PROGRAM REGISTRATION FORM

Application Date: _____ Student's Date of Birth: _____ Gender: Male Female Nonbinary

Student's Full Legal Name: _____
Last First Middle

Home Address: _____
Number and Street or Road Town Zip Code

Mailing Address (If different from above): _____

Home Phone No: _____

Student's Birth Information: City: _____ State: _____ Country: _____

Ethnicity: Is the child Hispanic/Latino?: Yes No

Race: Choose at least one below

- Caucasian/White Asian
- African American/Black American Indian/Native Alaskan
- Native Hawaiian/Pacific Islander

Primary Language Spoken at Home: _____

English Proficiency: Native Speaker Bilingual Limited English Proficient

Is child a State Ward? Yes No Is child a State Agency Client? Yes No

Health Insurance? Do you have health insurance? Yes - List Policy ID # below No

Maine Care – Insurance ID #: _____ Private – Insurance Policy #: _____

Does your child have an IEP or receive services from Child Development Services? Yes No

Primary Household Information – Student resides with (check appropriate box and provide information on all that apply):

- Mother Father Stepmother Stepfather Legal Guardian DHHS Guardian

Name: _____ Name: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

E-Mail: _____ E-Mail: _____

Home Address: _____

Mailing Address: _____

Secondary Household Information – Student resides with (check appropriate box and provide information on all that apply):

- Mother Father Stepmother Stepfather Legal Guardian DHHS Guardian

Name: _____ Name: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

E-Mail: _____ E-Mail: _____

Home Address: _____

Mailing Address: _____

**Legal Guardian Relation: _____.

If student resides with a legal guardian who is not the parent, a certified copy of the court order appointing the guardian must be attached. If a custodial parent/guardian wishes the school to comply with provisions of a court order restricting access to the child, a certified copy of the court order must be attached. If the student is an emancipated minor, a certified copy of the court order must be attached.

Other living arrangements: _____

Parent/Guardian declares the student is Homeless:

Other Children in Household: (List relationship as brother, sister, step-brother, step-sister, other)

Legal Name	Age	Grade	School	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Emergency Contact Information: (List 3 people who may assume temporary care of your student (including Sitter) if you cannot be reached).

Name	Address	Phone	Relationship	Sitter
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Transportation:

Will your student need bus transportation? Yes No

If yes, will your student be bussed to Pre-K in the morning? Bussed home from Pre-k in the afternoon?

Parent/Guardian Certification of Residency:

I certify that the student named above lives at the residence address identified above.

If this residency information changes, I agree to bring it to the immediate attention of the Sanford School Department.

Signature Date

Print Name

Documents needed in addition to registration forms:

- Original Birth Certificate
- Proof of Residency
- Immunization Records

<p>Required Proof of Residency Provided:</p> <ul style="list-style-type: none"><input type="checkbox"/> Utility Bill<input type="checkbox"/> Rent Receipt/Mortgage Payment Book<input type="checkbox"/> Deed or Real Estate Tax Bill<input type="checkbox"/> Driver's License<input type="checkbox"/> Voter Registration Card <p>_____ Registrar's Initials</p>
--

Dear Parent/Guardian:

Maine welcomes families of all cultural and linguistic backgrounds. Speaking more than one language is a valuable asset, and we encourage families to maintain their languages while learning English. Students who speak or understand another language may be entitled to support to improve their English in order to meet Maine's challenging academic standards. The following questions, required for all students from pre-kindergarten through grade 12, will help your school determine whether your child may benefit from English language support services.

- If a language other than English is indicated, your child will be administered an English language screener.
- Depending on your child's score, your child may be classified as an English Learner and eligible for English language support.
- If you would like this letter and the survey below to be provided in another language, or if you would like an interpreter, your school will fulfill those requests.
- If you have questions about this survey, please contact your school principal.

Be assured that your answers will be used only for educational purposes. The completed survey will be kept in your child's permanent file, and only school staff will have access to it. No school employee may inquire about the immigration status of any member of your family.

Thank you for providing this information, and I wish your student great academic success.

Sincerely,
April Perkins
Director of ESOL and Bilingual Programs, Maine Department of Education

LANGUAGE USE SURVEY

Student's Name: _____

Date of Birth: _____

School: _____

Anticipated Grade: _____

Please do not leave any question unanswered.

1. What language(s) did your child **first** speak or understand?
2. What language(s) does your child **most easily** speak or understand?
3. What language(s) do people use with your child daily?

Parent/Guardian Signature: _____

Date: _____

School Use Only

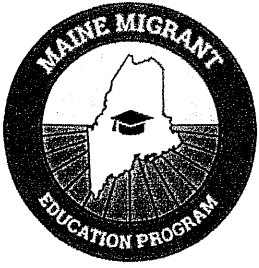
Post-enrollment Identification: If no language other than English is indicated by a parent/guardian on this survey, an English language screener may be administered **only** if this section is completed by a teacher.

Describe evidence that the student's English language development has been affected by a primary or home language other than English:

Teacher Signature: _____

Date: _____

**PLACE THE ORIGINAL OF THIS COMPLETED DOCUMENT IN THE STUDENT'S
PERMANENT RECORD FOLDER**



Maine Migrant Education Program

School Survey 2024-2025















School Name: _____ School District: _____

The following information is confidential and for Migrant Education screening only

Please complete to see if your child may qualify for **free services** such as: **free lunch, education and support services, and graduation support**

1. Have you or anyone in your home worked temporarily or seasonally in agriculture or fishing anywhere in the U.S. in the past 3 years? Yes No

If yes, please circle all that apply:

 Feed Cattle, Processing, Packing	 Dairy	 Eggs	 Blueberries	 Cultivation, Soil Preparation	 Fishing, Fish Processing	 Lobstering
 Broccoli / Cauliflower	 Fishing Elvers	 Forestry (landscaping not included)	 Greenhouse, Nursery, Sod	 Harvest Potatoes	 Picking Apples	 Harvest ANY fruits or vegetables

2. If yes, did you or that person change your residence to do this work (even if only for a short period of time like a week)? Yes No

3. Have your children moved with you across school district lines in the last 3 years? Yes No

Parent/Guardian Name: _____ Phone: _____

Street Address: _____ City: _____

Best Day and Time to Call: _____ Email: _____

Please list children below:

First Name	Last Name	Grade	Date of Birth

Please return this form to one of your child's teachers, or to the central office of your school. We will call you to see if your children are eligible for the program.

If you would like to speak with us directly about our services, call (207) 530-1807. Thank you!

SCHOOL STAFF: PLEASE MAIL US THIS FORM IF ALL QUESTIONS SAY 'YES'

For the most up to date version of this form go to website: maine.gov/doe/schools/safeschools/migrated/migratedform

Maine Military Family Indicator

The information provided on this form is reported for the Military Interstate Compact and Every Student Succeeds Act. No personally identifiable information on this form is provided to the federal government.

Please complete one form per school where your children attend:

Student Name(s): _____

Parent Name: _____

Please check only one	Description	Definition
	Active Duty in the United States Army, Navy, Air Force, Marines, or US Coast Guard	Student is a dependent of a member in full-time duty in the active military service of the United States, including fulltime training duty, annual training duty, and attendance, while in the active military service, at a school designated as a service school by law or by the Secretary of the military department concerned.
	Full Time National Guard	Student is a dependent of a member in training or other duty, other than inactive duty, performed by a member of the Army National Guard of the United States or the Air National Guard of the United States in the member's status as a member of the National Guard of a State or territory, the Commonwealth of Puerto Rico, or the District of Columbia under section 316, 502, 503, 504, or 505 of title 32 for which the member is entitled to pay from the United States or for which the member has waived pay from the United States.
	Part-time National Guard or Reserve	Student is a dependent of a member of the National Guard (not Full-time duty) or Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard).
	Not currently Military Connected	Student is not the child of an Active Duty, Full Time National Guard, or Part-time National guard member of the Armed Services.

Note: If at least one parent serves in active uniformed service of the United States check Active Duty.

NOTICE - HOMELESS STUDENTS

Homeless students are eligible to enroll in school even if unable to provide records generally required for enrollment.

Homeless students include students who lack a fixed, regular and adequate nighttime residence and include a child or youth:

- who is sharing the housing of other persons due to loss of housing or economic hardship or a similar reason; is living in a motel, hotel, trailer park or camping ground due to the lack of alternative adequate accommodations; is living in an emergency or transitional shelter; is abandoned in a hospital;
- who is living in a car, park or public space or in an abandoned building, substandard housing, bus or train station or similar setting;
- who has a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings; or
- Who is a migratory child who qualifies as homeless because the child is living in circumstances as described above.

An unaccompanied homeless student is a homeless student, as defined above, who is not in the physical custody of a parent or guardian.

Eligible homeless students have the right to:

- **Enrollment in a school unit according to the student's best interest;**
- **Comparable educational services;**
- **Transportation;**
- **School meals;**
- **Full participation in school programs;**
- **Be served without stigma or separation.**

If you believe that you or your child is homeless, please inform the person responsible for enrolling your child or the Homeless Education Liaison.

Sanford School Department Homeless Education Liaison Donna Hanson Dugas 207-324-2942 Ext 8710 dhanson@sanford.org	Maine Department of Education Homeless Education Coordinator (207) 624-6637
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Matt Nelson
Superintendent

Sanford School Department

Cheryl Fournier
Business Administrator

Steve Bussiere
Assistant Superintendent

917 Main Street, Suite 200, Sanford, Maine 04073
Tel: 207-324-2810 Fax: 207-324-5742
www.sanford.org

Bethany Lambert
Curriculum Director

Stacey Bissell
Special Education Director

SCHOOL COMMITTEE:

Paula Cote, Chair Amy Sevigny, Vice-Chair
Jonathan Mapes John Roux Jennifer Davies

Your child may be eligible for additional educational services depending on your housing situation. Eligibility can be determined by completing this questionnaire. This information is only for education purposes and is protected as an educational record under the Federal Educational Rights and Privacy Act (FERPA).

1. Where do you and your family currently live?

<p>Section A</p> <p><input type="checkbox"/> Live in my own home (rent or own) with immediate family (spouse/partner, children, parents).</p> <p><u>STOP:</u> Please return this form without completing the remaining sections.</p>
<p>Section B</p> <p>Where has your family stayed at night? Please check ALL the boxes for places you have slept over the past year.</p> <p><input type="checkbox"/> Staying temporarily with friends, relatives or other people ("couch-surfing")</p> <p><input type="checkbox"/> With an adult that is not a parent or legal guardian</p> <p><input type="checkbox"/> At a hotel, motel, in a camper or 5th wheel</p> <p><input type="checkbox"/> In a place that lacks water, electricity, or heat; is infested with vermin or mold; lacks working kitchen or a working toilet; presents unreasonable dangers to adults, children, or persons with disabilities</p> <p><input type="checkbox"/> In a car, tent, park, bus or train station, abandoned building, shed, or other public place</p> <p><input type="checkbox"/> In a temporary shelter or other temporary housing</p> <p><input type="checkbox"/> In transitional housing or an independent living program</p> <p><input type="checkbox"/> Other (please note): _____</p> <p><u>CONTINUE:</u> If you checked a box in Section B, complete the remainder of this form.</p>

2. If you checked a box in Section B, your child(ren) may be eligible for additional support. Please list their information below, including children who are not yet school aged.

Student(s) Name			D.O.B.	Grade	School Name
First	Middle	Last			

Matt Nelson
Superintendent

Sanford School Department

Cheryl Fournier
Business Administrator

Steve Bussiere
Assistant Superintendent

917 Main Street, Suite 200, Sanford, Maine 04073
Tel: 207-324-2810 Fax: 207-324-5742
www.sanford.org

Bethany Lambert
Curriculum Director

Stacey Bissell
Special Education Director

Dear Parents/Guardians:

This form will provide information needed by the Maine Department of Education to determine Sanford School Department's eligibility status for **State Economically Disadvantaged funds** available under the Essential Programs & Services Funding Act. Data in this form is **not for school lunch purposes**, only to determine economic disadvantaged status for allocation of **State education funds****.

If you have any questions, please call Anne L'Heureux at 207-324-2810 ext. 8703. The due date to return this form to your school administrator is September 20th, 2024. Thank you for your assistance.

Sincerely,

Matt Nelson
Superintendent of Sanford Schools


Please use the table below as guidance to determine your student's economic status. If household income is equal to or less than the earnings for your household size in the chart below, then your student meets the lower income household criteria. Household size includes adults and children.

USDA Income Eligibility Guidelines*					
Effective from July 1, 2024 to June 30, 2025					
Household Size (including Adults)	Annual Earnings	Monthly Earnings	Twice Per Month Earnings	Every Two Weeks Earnings	Weekly Earnings
1	\$27,861	\$2,322	\$1,161	\$1,072	\$536
2	\$37,814	\$3,152	\$1,576	\$1,455	\$728
3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
5	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
6	\$77,626	\$6,469	\$3,235	\$2,986	\$1,493
7	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
8	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876
For each additional family member, add.....	\$9,953	\$830	\$415	\$383	\$192

Student's Last Name	Student's First Name	Name of School	Student's Current Grade	Student Meets Lower Income Household Criteria

Please duplicate this form for additional children. Return this form to your child's school by September 20, 2024

Signature of Parent: _____ Date: _____

* Economically disadvantaged status is defined as students who are included in the department's count of students who are eligible for free or reduced-price meals or free milk or both. 20-A MRSA  15672(3)

