

Emma Liebowitz
Principal

Phone: 413-628-4404
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Sanderson Academy

808 Cape Street, Ashfield, MA 01330
Website: sanderson.mohawktrailschools.org/
eliebowitz@mtrsd.org

March 21, 2022

Dear Parents,

I would like to take this opportunity to officially welcome you to the Sanderson Academy community. This letter is to invite you to an open house to learn about our preschool program with the hopes that your child will join us in the fall. Our district has made a commitment to offer some free preschool to every student living in our District towns with options for extended care for a fee. Children must be three or four by August 31, 2022 to be considered eligible for our program.

We started our program in the fall of 2015. We have an experienced and dedicated staff. Our curriculum is aligned to the Massachusetts Curriculum Framework for English Language Arts and Literacy and the Massachusetts Curriculum Framework for Mathematics. There is a focus on learning through play and many opportunities to explore outside.

We are planning an **Open House on Friday, April 15th from 11:00-12:00**. Please join us! Caregivers and children will have an opportunity to meet school staff and explore the preschool classrooms.

In this packet, you will find a preschool registration form, a program selection form, a letter and health record sheet from the school nurse and Financial Assistance Forms. These forms can be brought on April 15, mailed or dropped off at the school.

I look forward to working with you as new or returning Sanderson Academy parents. It is our goal to make our school as welcoming and supportive as possible, so please do not hesitate to give me a call if you have any questions or concerns. I hope to see you Friday, April 15th.

Sincerely,

Emma Liebowitz

Emma Liebowitz
Principal

Preschool Program Selection Form

Child Name: _____

Date of Birth: _____

Parent(s) Names: _____

Address: _____

Phone Number(s): _____

Email Address(es): _____

Please indicate in the space below which option you would most prefer. *Please note, this is for our planning purposes, not a guarantee that your child will be placed in that particular slot.*

Number of days per week	Free preschool program (8:30-11:30)	Fee based preschool program (11:30-2:30)
3	Preferred Days: M T W TH F	Preferred Days: M T W TH F
4	Preferred Days: M T W TH F	Preferred Days: M T W TH F
5		

In addition to school day programming, we are assessing the need for before and after school care.

Are you in need of before school child care? YES NO

If yes, what is your preferred drop-off time? _____

Are you in need of after school child care? YES NO

If yes, what is your preferred pick-up time? _____



**Sanderson Academy
808 Cape St.
Ashfield, Ma 01330**

Dear Parent/Guardian:

We are pleased to have your child, _____, as a preschool student at our school. The Massachusetts Department of Public Health and the Mohawk School Committee require a current physical exam, updated every year in preschool and kindergarten, be on file for all students in preschool and that immunization requirements for enrollment are fulfilled.

The following are requirements that need to be fulfilled prior to the start of Preschool:

- **Current Physical Exam:** Physical must be within 12 months of entering into Preschool and updated yearly
- **3 doses of Hepatitis B vaccine**
- **4 doses of DTaP/DTP vaccine**
- **3 doses of Polio (IPV/OPV) vaccine**
- **1 doses of MMR (measles, mumps and rubella) vaccine**
- **3 or more doses of HIB**
- **1 dose of Varicella vaccine or medically documented case of chickenpox**
- **Lead Screening documentation**

If these requirements are not met, your child will be unable to begin school in August. Please feel free to contact me with any questions or concerns.

Sincerely,

Loranna Almeida, BSN, RN
School Nurse: Sanderson Academy
Email: lalmeida@mtrsd.org
Phone: 628-4404 Fax: 413-628-4697
M-F 8:30am-3:30pm

The Mohawk Trail Regional School System
Mohawk Trail Regional School District | Hawlemont Regional School District

24 Ashfield Rd. Shelburne Falls, Massachusetts 01370
Sheryl Stanton, Superintendent of Schools

Ph: (413) 625-0192 Fax: (413) 625-0196

TMSolution, Inc., Business Administrator

Financial Assistance Program

Dear Parents/Guardians:

Please be informed that financial assistance is available for pre-school and athletic programming to families with incomes at or below 185% of the Federal poverty level, which is based on the same guidelines as Free and Reduced Lunch. If you believe that you may be eligible for this financial assistance, you will need to complete and submit an application to the school system's Business Office at the time you register your child for pre-school or athletics.

On the reverse side of this letter, please find the Mohawk Trail Regional School System Financial Assistance Application. Completion of all information is necessary in order to make a financial assistance eligibility determination; consequently, incomplete applications cannot be processed.

Please note that the Mohawk Trail Regional School System Financial Assistance Program determines eligibility based on the income of all household residents. Anyone living in your household is required to submit income documentation including domestic partners, relatives, and any other individuals residing at the address. This documentation will be kept confidential and will not be included in your child's student record.

Required documentation of household income includes:

1. Internal Revenue Service 1040 form page 1 and 2 (**signed**) of all adults residing in the household;
2. Supplemental Security Income (SSI) and Disability Income;
3. Unemployment Compensation and Severance Pay;
4. Alimony and Child Support Agreements (required in addition to tax returns);
5. Transitional Assistance Letters and Benefits (issued every August or upon request by parent);
6. Foster Children are handled as one household and are not included as a member of the family in which they are residing or in the household income of the custodial parent;

When the school system is able to determine your eligibility for financial assistance, you will be notified of that decision by letter. If you have any questions or need help completing and submitting the form, please contact the building secretary of your child's school.

Sincerely,

TMSolution, Inc.
Business Administrator

The Mohawk Trail Regional School System

Mohawk Trail Regional School District Hawlemont Regional School District

24 Ashfield Rd. Shelburne Falls, Massachusetts 01370
Sheryl Standon, Superintendent of Schools

Ph: (413) 625-0192 Fax: (413) 625-0196
TMSolution, Inc., Business Administrator

Required Documents must be attached (failure to provide proof of all income will result in delay of processing this request)

DO NOT SEND ORIGINALS

All Documentation is Treated confidentially

Your first name and initial	Last Name	Home Phone	Address: Street
			Town, State, Zip
Other Parent/Guardian first name	Last Name	Home Phone	Address: Street
			Town, State, Zip
			Contact Email Address

1a: Check off Adults in Household:

Yourself	<input type="checkbox"/>	Spouse/Civil Union/partner	<input type="checkbox"/>	
Other	<input type="checkbox"/>	Name		Relationship
Other	<input type="checkbox"/>	Name		Relationship
Other	<input type="checkbox"/>	Name		Relationship
Other	<input type="checkbox"/>	Name		Relationship
Other	<input type="checkbox"/>	Name		Relationship

1b: List all Dependents living with you:

First Name	Last Name	Relationship to you	2021/22 Grade	2021/22 School	Athletic	Pre-K	Check if Applying for Assistance

Enter Total adults claimed on tax return

Total number of dependents claimed by you on your tax return listed in 1b above

Total number claimed by you on your tax return listed in 1a and 1b above

Required Documentation

Check if Included

Reason Not Included

1 Internal Revenue Service 1040 form page 1 & 2 of all adults residing in the household		
2 Supplemental Security Income (SSI) and Disability Income		
3 Unemployment Compensation and Severance Pay		
4 Alimony and child Support Agreements		
5 Transitional Assistance Letters and Benefits		
6 Documentation for Foster Child (Foster Children are handled as one household and are not included as a member of the family in which they are residing or in the household income of the custodial parent)		

An adult household member must sign the application.

I certify (promise) that all information included with this application is true and that all income is reported. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose benefits, and I may be prosecuted.

Sign here:

Print Name:

Mail to: Sandra GA1:M59affey, Bookkeeper, Mohawk Trail Regional School District, 24 Ashfield Road, Shelburne Falls, MA 01370