



EASTFORD READINESS COUNCIL

Needs Assessment Survey 2025 - 2026

THIS IS NOT YOUR REGISTRATION FORM –
Your blank registration is enclosed on yellow paper

This form is for families of children up to age 4 (born 2021 to present) who might be considering attending preschool at Eastford Elementary School's School Readiness preschool program.

Parents' Names: _____ Telephone : _____ Email: _____

It is very important to **fill out this survey** even if you do not plan to enroll your child(ren) in Eastford's preschool program. The state requests that we collect needs information from all families who will have three and four-year olds in the 2025 - 2026 school year.

Collecting this information allows us, as a school, to better prepare if we know how many children will be coming to Eastford Elementary School in the future. Please complete one survey per family and return your completed survey in the self-addressed stamped envelope by **February 14, 2025**.

Your assistance is greatly appreciated. If you have any questions regarding the survey, please contact Principal Carole McCombe at the Eastford Elementary School. (860-974-1130)

Return survey to: Eastford Elementary School

By February 14, 2025

Returning preschoolers do not need to complete a new registration form and new registrations do not automatically have a spot in the upcoming preschool class; acceptance is based on income and student needs. See the Readiness Handbook for details on the Eastford Elementary School website.

****Please Note: To be eligible for kindergarten in Connecticut, your child must turn 5 years old by September 1 of the year they will enter kindergarten. September 1 is also the cut-off for entering preschool at age 3.**

SURVEY

1. How many children up to age 4 (born 2021 to present) live in your household? _____
Please list the names and birthdates of these children. Be sure to include the year of birth.

2. What best describes the early childcare and/or education that your child/ren currently participates in?

- full day/full year part day/full year
 full day/school year part day/school year
 none other: Please explain _____

3. The current Readiness Program operates both a full school day and a partial school day program. Parents must pay a fee that is set by the Readiness Council. The fees for full and partial day programs are established each year and are based on a sliding scale that for the 2025-2026 school year is capped at \$27 for a full school day (\$13.50 for partial). A fee estimate can be provided for your family if requested with a current pay stub or income tax return.
What preschool schedule would BEST fit your child/family's needs? Check all those that apply.

- full school day/school year (8:45-3:20) partial day/school year (8:45-11:30)
 full school day and before school* option (7:00-3:20) full school day and after school* option (8:45-5:30)
 full school day with before and after school* option (7:00-5:30)
 Other Please describe. _____

4. Are you interested in sending your child to Eastford Elementary School's preschool program?

- yes* (please complete the enclosed registration)
 no maybe

*new registrations do not automatically have a spot in the upcoming preschool class

5. What might prevent your family from accessing the type of preschool program that BEST meets your needs?
Check all that apply.

- program type not available transportation schedule
 openings in a program cost lack of before/after school childcare
 other _____

6. Are any of your children receiving services for special needs (i.e. Birth-3 programming) yes no

If so, what services? _____

Are there any special concerns for your child who has not yet started school (socially, physically, or developmentally)?

Please contact the school (860-974-1130) if you would like information about special services for children aged birth to 3, or if you would like to make an appointment for a developmental screening for your child.

7. Would you like information about the following early childhood topics or programs? Check all areas that interest you.

- speech/language development everyday math and reading
 social development vaccines
 learning skills state medical insurance (HUSKY)
 physical development – fine & gross motor dental programs
 notified of special activities for preschool children preschool children library time (day or evening
 other _____



**Eastford School District
P.O. Box 158
Eastford, CT 06242-0158**

REGISTRATION REQUIREMENTS EASTFORD SCHOOLS

Pre School Application

Registration Form

Home Language Survey

All court papers regarding guardianship or residency.

Original long form birth certificate, so school may copy.

Paystubs or Tax returns as proof of income of parents in household

Authorization for Release of Information if needed

Affidavit of Residency

Picture ID with Eastford Address

Mail with Eastford address on it: IE: Electric bill

Lease or Mortgage closing paper proof of ownership or Property Tax bill

A notarized affidavit from landlord/owner if name is not on the lease, blank forms available at the school.

Before the first day of school Medical forms are due.

EASTFORD SCHOOL DISTRICT

**P.O. Box 158
12 Westford Road
Eastford, CT 06242**

AFFIDAVIT OF RESIDENCY

Date: _____ Student: _____
Last First MI

Birthdate: _____ Gender: M F Non-binary (Circle one)

Parent Name: _____

Phone: _____ Email: _____

School to attend: _____ Grade Level: _____

Parent/Guardian Residency Proof: One photo I.D. w/ address one other with address.

PHOTO I.D.

Photo ID Type: _____
Issuing Authority: _____
Document #: _____
Expiration date: _____

PARENT/GUARDIAN INFO

Name: _____
Address: _____
Town: **Eastford, CT**
Mailing Address : _____

Relationship: _____

OTHER:

Must include address: I.E. Electric bill, phone bill, rent receipt, and a copy of the lease, proof of Eastford residency. Attach copy of proof of residency.

Town of Eastford, County of Windham
I, the undersigned, hereby confirm:

1. That _____ (student) is a child who is presently residing at _____, in the Town of Eastford, Connecticut.
2. That _____ (student) is a relative/non-relative of _____ (Town of Eastford Resident) of _____ (Address).

Connecticut General Statutes clearly indicate that a child must attend the public school in the town in which he/she resides.

It is my understanding that should any information presented in this affidavit be false, the undersigned will assume the financial burden of repaying the Town of Eastford for the tuition costs it has undertaken. The repayment must be remitted by June 30, 20____.

Date

Signature of Parent/Guardian

Date

Eastford Elementary School Agent

EASTFORD ELEMENTARY SCHOOL
REGISTRATION FORM

Student Last Name: _____ **First Name:** _____ **Middle:** _____

Mailing Address: Street: _____
PO Box #: _____

Town: _____ **State:** _____ **Zip Code:** _____

Home Phone #: _____ **Birthdate:** _____
(optional) **Social Security #:** _____

Place of Birth: City: _____ **State:** _____ **Sex:** Male Female Non-Binary

Parent/Guardian or Persons with whom RESIDING

First/Last Name Father _____	cell phone _____	e-mail _____
First/Last Name Mother _____	cell phone _____	e-mail _____
Other/Guardian _____	cell phone _____	e-mail _____

Check here if non-custodial parent is to receive copies of report cards, etc.

Name: _____ **Phone:** _____

Address: _____ **Town:** _____ **State:** _____ **Zip:** _____

Parent/Guardian Work (A): _____ **Parent/Guardian Work (B):** _____

Place: _____ **Place:** _____

Phone # _____ **Phone #:** _____

Emergency Contact #1 _____ **Emergency Contact #2** _____

Name: _____ **Name:** _____

Phone # _____ **Relationship:** _____ **Phone #:** _____ **Relationship:** _____

Siblings: _____ **Date of Birth:** _____ **Grade:** _____

Ethnic Group: Check all that apply White _____ Asian _____ Black or African American _____ American Indian & or Alaskan Native _____ Hawaii or other Pacific islander _____ Is the child latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Dominant Language: Language first learned _____ Primary language spoken by student at home _____ # Of permanent household members _____ Immigrant child? <input type="checkbox"/> Yes <input type="checkbox"/> No Active Duty Military Service Family? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of school transferring from: (if applicable) _____
		Name: _____
		Address: _____
		Grade completed: _____ Entering Grade: _____

Preschool attended: _____

Check if Home schooled:

Parent/ Guardian Signature: _____ **DATE:** _____

OFFICE USE ONLY:		
Date entered Eastford Elementary School:		Date sent for records:
Month: _____	Day: _____	Year: _____
Month: _____	Day: _____	Year: _____
Check receipt: Birth Certificate _____ Naturalization papers _____ Adoption papers _____		

Eastford School District

Eastford Elementary School

12 Westford Road, P.O. Box 158, Eastford, CT 06242

Telephone 860-974-1130 • Fax 860-974-0837

Dr. Donna Leake, *Superintendent*

Carole McCombe, *Principal*



Home Language Survey Eastford School

Welcome to our school!

We have a few questions about languages spoken at home. We are required by the US Department of Education to ask for this information because it will help us know how we can best support your child. The language information also helps us know how we can best communicate with you. Please share with us about the language(s) spoken by your family and in your home.

Student Information

Student first name: _____ Student last name: _____ DOB: _____

- 1) What is the primary language used in the home, regardless of the language spoken by the student?
- 2) What is the language most often spoken by the student?
- 3) What is the language the student first acquired?

Optional questions that can be included

- 1) What language do you prefer for written communication from the school?
- 2) Will you require interpretation/translation at Parent-Teacher meetings?

Parent/guardian name (please print)

Parent/guardian signature

Date

Thank you for answering the questions. We look forward to working with your child.



"Shaping Futures Together"

www.eastfordct.org