



ASRSD Preschool & Kindergarten Registration Checklist

Welcome to the Ayer Shirley Regional School District! We are very pleased to have you join our first-class school system. To help organize your student's registration, please use the checklist below:

Required Forms: These forms are mandatory for students to be officially registered

- Birth Certificate
- Proof of residency Must have parents name on the form (no exceptions to the list below)
 - utility bill (gas, electric, phone, internet, cell phone)
 - copy of lease
 - purchase and sale agreement
- Immunization records and a copy of the most recent Physical Examination with Lead test (within the last year)
- If the child has special needs (learning disabilities), a copy of the most recent IEP (Individual Education Plan)

Registration Packet:

- Student Registration Information Form
- Home Language Survey
- Health and Emergency Information Form
- Parent Questionnaire

Contact Information: Please feel free to contact the school to help answer any questions you may have on the registration process or any of the forms.

<p><u>K-5 Lura A White Elementary School, Shirley</u> Elizabeth Lewis, Principal Sandra Ferguson, Admin Assistant, extension 1100 Tracey Sargent, Admin Assistant, extension 1160</p>	<p><u>Pk-5 Page Hilltop Elementary School, Ayer</u> Fred Deppe, Principal Gail Januskiewicz, Admin Assistant, extension 1401 Peggy Carlson, Admin Assistant, extension 1402</p>
<p><u>Special Education Department, Ayer and Shirley</u> Tara Bozek, Special Education Director Linda Harrington, Admin Assistant, extension 1408</p>	<p><u>Early Childhood Education, Ayer and Shirley</u> Mary Beth Hamel, Early Childhood Coordinator Doreen Mahoney, Admin Assistant, extension 1480</p>

Website: Please visit the Ayer Shirley Regional School District's website for all these forms and any other information you need to register your student!

www.asrsd.org



Ayer Shirley Regional School District

Student Registration Information

(Please complete the entire packet for each child)

IMPORTANT:

Are you enrolling more than ONE student? Yes No

If yes, are you enrolling students in more than ONE school in the district? Yes No

Student Information			
Legal First Name		Preferred Name	
Full Middle Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	
Legal Last Name		<u>Student</u> Email (if different than parents)	
Town of Residence	Year of Graduation	Entering Grade Level	<u>Student</u> Cell Phone (if different than parents)
Enrolling School <input type="checkbox"/> Page Hilltop (Preschool - 5) <input type="checkbox"/> Lura A White (K - 5)		<input type="checkbox"/> Upcoming School Year <input type="checkbox"/> Current School Year	
City of Birth	State of Birth	Country of Birth	Date of Birth (MM/DD/YYYY)
Student's Residential Address (street address required)		Student's Mailing Address (if different from residence; PO Box)	
Student Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> State Ward <input type="checkbox"/> Foster Home <input type="checkbox"/> Other (please specify):			
Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell	Secondary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell		*Auto Alert Phone (indicate Home or Cell)

* **Auto Alert Phone** number is the number called in the event of school closings and important announcements. If not indicated, the Home Phone will be used. If student custody is shared, two phone numbers can be entered; please indicate which parent is associated with each number.

Siblings					
Name	Registering at ASRSD (yes/no)	Age	School Attending	Grade Level	Lives with student?
1.					<input type="checkbox"/> Yes <input type="checkbox"/> No
2.					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No
4.					<input type="checkbox"/> Yes <input type="checkbox"/> No

5.					<input type="checkbox"/> Yes <input type="checkbox"/> No
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Parent/Guardian 1 (Primary Contact)		
Legal First Name:	Middle Name:	Preferred Name:
Legal Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Guardian's Email:		
Workplace:		
*Relationship (see below for definitions)	*Legal Status (see below for definitions)	
Can Dismiss Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can Receive Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lives with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No (default will be Guardian 1)	
Address:	Same as Student?	Address Type
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Home <input type="checkbox"/> Mail <input type="checkbox"/> Work <input type="checkbox"/> Other
Home Phone:	Cell Phone:	
Work Phone:	Other Phone: (specify)	

Parent/Guardian 2		
Legal First Name:	Middle Name:	Preferred Name:
Legal Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Guardian's Email:		
Workplace:		
*Relationship (see below for definitions)	*Legal Status (see below for definitions)	
Can Dismiss Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can Receive Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lives with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No (default will be Guardian 1)	
Address:	Same as Student?	Address Type
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Home <input type="checkbox"/> Mail <input type="checkbox"/> Work <input type="checkbox"/> Other
Home Phone:	Cell Phone:	
Work Phone:	Other Phone: (specify)	

Relationship	Mother, Father, Parent, Step-Mother, Step-Father, Step Parent, Foster Parent, Grandparent, Relative, Sibling, Neighbor, Friend, Other
Legal Status	Custodial Parent or Noncustodial Parent, Legal Guardian, State Ward, or Self (18+years)

Additional Information
Please feel free to provide any additional information you would like to share:

Other Information

Has the student previously attended school at Ayer Shirley Regional? <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade Level(s):
Has the student previously attended another school district? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, In-State? <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous School and City/State	<input type="checkbox"/> Public School <input type="checkbox"/> Private School
Is this student School Choice? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which town and state do the student currently reside in?	
Does your child receive special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
Is the parent/guardian a member of the military? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, is the parent/guardian: <input type="checkbox"/> Active duty member <input type="checkbox"/> Veteran who was medically discharged or retired for 1 year or more <input type="checkbox"/> Died on active duty	

Race and Ethnicity: Every school district in Massachusetts is required to report to the Department of Elementary and Secondary Education student data by race and ethnicity that are set by the federal government.

Is the student's Ethnicity Hispanic or Latino: (Check one) <input type="checkbox"/> Yes (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to Hispanic or Latino) <input type="checkbox"/> No Not Hispanic or Latino
Student's Race: (Check one or more) <input type="checkbox"/> American Indian or Alaskan Native - A person having origins in any of the original peoples of North or South America (including South America), and who maintains tribal affiliations or community attachment <input type="checkbox"/> Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinents including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam <input type="checkbox"/> Black or African American - A person having origins in any of the black racial groups of Africa <input type="checkbox"/> Native Hawaiian or Other Pacific Islander - A person having origins in any of the originals of Hawaii, Guam, Samoa, or other Pacific Islands <input type="checkbox"/> White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Emergency Contact Information

Local Emergency Contact 1 (a neighbor, a close friend, or relative)	Name	Phone
	Address	*Relationship (see below for definitions)
Local Emergency Contact 2 (a neighbor, a close friend, or relative)	Name	Phone
	Address	*Relationship (see below for definitions)

Relationship	Mother, Father, Parent, Step-Mother, Step-Father, Step Parent, Foster Parent, Grandparent, Relative, Sibling, Neighbor, Friend, Other
Legal Status	Custodial Parent or Noncustodial Parent, Legal Guardian, State Ward, or Self (18+years)

Signature

Signature of Parent/Guardian	Date
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Print Name

Relationship



Ayer Shirley Regional School District

Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that all schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information		
First Name	Middle Name	Last Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	
Country of Birth:	Date first enrolled in ANY U.S. school (mm/dd/yyyy)	

Questions for Parents/Guardians	
What is the native language(s) of each parent/guardian? _____ (mother/guardian) _____ (father/guardian)	Which language(s) are spoken with your child? (circle one) Include relatives (grandparents, aunts/uncles, etc.) _____ seldom sometimes often always _____ seldom sometimes often always
What language did your child first understand and speak?	Which language do you use the most with your child?
Which other languages does your child know? _____ speak read write _____ speak read write	Which languages does your child use? (circle one) _____ seldom sometimes often always _____ seldom sometimes often always
Will you require written information from the school in your native language? <input type="checkbox"/> YES <input type="checkbox"/> NO	Will you require an interpreter/translator at Parent-Teacher meetings? <input type="checkbox"/> YES <input type="checkbox"/> NO
Parent/Guardian Signature: Date: (mm/dd/yyyy):	

If you can't read this in English, go to <http://www.doe.mass.edu/ell/hlsurvey/> for a translated version. Please complete and return to school. Thank you!

- Si no puede leer esto en inglés, vaya a <http://www.doe.mass.edu/ell/hlsurvey/> para una versión traducida. Por favor complete y regrese a la escuela. ¡Gracias! (Spanish)
- Se você não pode ler isso em inglês, vá para <http://www.doe.mass.edu/ell/hlsurvey/> para uma versão traduzida. Complete e volte para a escola. Obrigado! (Portuguese)
- 如果您无法用英文阅读，请访问<http://www.doe.mass.edu/ell/hlsurvey/>获取翻译版本。请完成并返回学校。谢谢！（Chinese）
- Si vous ne pouvez pas lire ceci en anglais, allez à <http://www.doe.mass.edu/ell/hlsurvey/> pour une version traduite. Veuillez compléter et retourner à l'école. Je vous remercie! (French)
- Se non puoi leggere questo in inglese, vai a <http://www.doe.mass.edu/ell/hlsurvey/> per una versione tradotta. Si prega di completare e tornare a scuola. Grazie! (Italian)
- للحصول على نسخة مترجمة، يرجى إكمال والعودة إلى المدرسة. شكرا <http://www.doe.mass.edu/ell/hlsurvey/> إذا كنت لا تستطيع قراءة هذا باللغة الإنجليزية، انتقل إلى (Arabic)
- 이것을 영어로 읽을 수 없다면, <http://www.doe.mass.edu/ell/hlsurvey/>로 가서 번역 된 버전을 찾으십시오. 완료하고 학교로 돌아가십시오. 고맙습니다! (Korean)
- (Russian) Если вы не можете прочитать это на английском языке, перейдите по адресу <http://www.doe.mass.edu/ell/hlsurvey/> для переведенной версии. Завершите и вернитесь в школу. Спасибо!



Ayer Shirley Regional School District Health and Emergency Information Form

The following information is requested of the parent/guardian in order for your child to receive prompt notification, and for your child to receive prompt attention in the event of serious illness or injury. These records will be kept in the health office and remain confidential.

Student Information	
Child's Name:	Date of Birth:
Grade:	Teacher/Advisor (new registrations leave blank):
Your child resides with: <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> both parents <input type="checkbox"/> guardian/other	
Mother's Name:	Home Phone:
Address:	Work Phone:
Email:	Mobile Phone:
Father's Name:	Home Phone:
Address:	Work Phone:
Email:	Mobile Phone:
Sibling(s) in the Ayer Shirley Regional School District	
Name:	School:
Emergency Contact(s): If unable to reach a parent/guardian, please list the names of persons you wish to be called.	
Name:	Phone:
Name:	Phone:
Name:	Phone:
Medical Information	
Your child's doctor:	Phone:
Your child's dentist:	Phone:
Medical Insurance (please select one): <input type="checkbox"/> Children's Medical Security Plan <input type="checkbox"/> Mass Health <input type="checkbox"/> Private Insurance	
ALL CHILDREN IN MASSACHUSETTS QUALIFY FOR HEALTH INSURANCE. Massachusetts health insurance plans that provide uninsured children with affordable health care are available (restrictions may apply). Contact the school nurse for more information about these programs. All communication is confidential. Would you like information about MassHealth? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you give permission for the following medications to be administered by the nurse to your child as needed? Check all that apply:	
<input type="checkbox"/> Acetaminophen (Tylenol) <input type="checkbox"/> Ibuprofen (Advil) <input type="checkbox"/> Tums <input type="checkbox"/> Hydrocortisone Cream <input type="checkbox"/> Benadryl <input type="checkbox"/> Orajel <input type="checkbox"/> Burn free gel <input type="checkbox"/> Calamine Lotion	



Ayer Shirley Regional School District Health and Emergency Information Form

Medical History:

Is your child being treated for any of the following conditions?

_____ ADD/ADHD _____ Seizure Disorder _____ Eye problems

_____ Kidney disease _____ Diabetes _____ Heart Condition

_____ Scoliosis _____ Arthritis _____ Headaches

_____ Depression _____ Anxiety _____ Bipolar Disorder

_____ Asthma (If yes, explain triggers and treatment)

_____ Food Allergies (If yes, describe reaction and treatment)

_____ Stinging Insect Allergy (If yes, describe reaction and treatment)

Other allergies: Specify reaction and treatment

Has your child ever been diagnosed with a concussion? _____ When? _____

Does your child wear eyeglasses? YES _____ NO _____

Does your child have hearing loss? YES _____ NO _____

Does your child take any medication on a regular basis? If yes, for what reason? List medication(s):

1. Medication _____ Reason _____

2. Medication _____ Reason _____

3. Medication _____ Reason _____

If your child receives any immunizations during the school year, please submit documentation for your child's health record at school. After a Physical Exam or vaccine administration is performed, Physician's Office does not send this information to the schools, it is the parent's responsibility to submit it to your child's school.

Initial : _____

I understand that this information is confidential. However, federal law permits information in the school health record to be shared with school officials on a "need to know" basis and with a very limited number of other persons, including those who could help in an emergency. In other circumstances, my consent will be required. I give permission to exchange information with my child's healthcare provider. I understand that I can limit or revoke this consent at any time.

Parent/Guardian's Signature _____

Date _____

For Office Use Only

Child's Name:

Screening Date:

Arrival Time:



Ayer Shirley Regional School District Parent Questionnaire for Kindergarten Screening

Dear Parent/Guardian:

Please take a few moments to introduce your child to us through this questionnaire.

The completed questionnaire is due at the time of registration.

This form has five parts that ask for information about your child:

Part 1: Personal background information about your child.

Part 2: Developmental History.

Part 3: Self-Help Development about your child's ability to care for him/herself.

Part 4: Social Development about how your child behaves with other people.

Part 5: Other Information

Please read through the form and respond to all items as carefully as you can. You are an important source of information about your child. The information and answers that you provide enable us to better understand the whole child. Information shared on this questionnaire will remain confidential and will only be shared with your child's classroom teacher and specialist teachers. We greatly appreciate your time in completing this form and look forward to working with you and your child.

Child's Name (First and Last): _____

Name Child will be using in School (nickname): _____

Date of Birth (mm/dd/yyyy) _____ Gender: _____ Female _____ Male

Parent Information

Person completing this survey: _____ Mother _____ Father _____ Guardian _____ Caregiver

Other (specify) _____

Mr/Mrs/Ms/Other: _____

Name (First/Last) _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email for school contact: _____

Part 1: Personal Information**Living Situation:**

1. Who does your child live with? (Check all that apply)

Mother Father Stepmother Stepfather Mother's Partner Father's Partner
 Grandmother Grandfather Other relative (specify) _____

2. Is there anything else you would like us to know about your child's living situation?

Siblings

Does your child have brothers or sisters? No Yes (please list below)

My child's birth order in the family is _____ out of _____ children.

Name of brother/sister	Age	Name of School Attending	Does this child live at home with your kindergartner?

HOME SITUATION:

1. How often have you moved in the last 5 years?

2. Are there any major life events that have impacted your child and caused you concern? (If yes, explain)

My child's strengths are:

SCHOOL SITUATION:

Please check next to the option that best describes your child’s preschool experience in the school year prior to entering Kindergarten. **Coordinated Family and Community Engagement (CFCE) Services:** locally-based programs serving families with children birth through school age (e.g. parent/child playgroups, parent-child activities).

Parent-Child Home Program (PCHP): home visiting model program funded through the Department of Early Education and Care.

Licensed Family Childcare: refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families.

Center-Based Care: refers to care for children in a group setting, including public and private preschools, Head Start, daycare centers, and integrated public preschools.

Select ONE option only and indicate hours where applicable:

- My child did not have any formal early childhood program experience
- My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.
- My child did not have formal early childhood program experience but participated in Parent-Child Home Program (PCHP) services.
- My child did not have formal early childhood program experience but participated in **BOTH** Coordinated Family and Community Engagement (CFCE) **AND** Parent-Child Home Program (PCHP) services.
- My child attended a Licensed Family Child Care Provider (indicate hours below)
 - ___ for less than 20 hours per week
 - ___ for 20+ hours per week
- My child attended a Center Based Program (indicate hours below)
 - ___ for less than 20 hours per week
 - ___ for 20+ hours per week
- My child attended **BOTH** a Licensed Family Child Care Provider **AND** a Center Based Program (indicate hours below)
 - ___ for less than 20 hours per week
 - ___ for 20+ hours per week

How long has your child been in preschool/daycare (years/months)? _____

What is the name and location of your child’s preschool/daycare? _____

May we have permission to contact the previous teacher/daycare provider? ___ Yes ___ No

If yes, please sign and date below:

Signature

Date

Part 2: Developmental History

Birth Information:

1. Was the child a full-term baby? Yes No
2. Were there any complications with the pregnancy or birth? Yes No
If yes, explain:

Medical/Health Information

1. Did your child receive Early Intervention Services? Yes No
If yes, please provide Early Intervention information (area of concern, when and where)
2. Has your child seen an optometrist or ophthalmologist? Yes No
3. Does your child wear glasses? Yes No
4. Do you suspect your child has a vision problem?
If yes, explain:
5. Do you suspect your child has a hearing problem?
If yes, explain:
6. Is your child under the care of an audiologist or ear, nose, and throat (ENT) specialist? Yes No
7. Has your child had frequent ear infections? Yes No
8. Has your child had ear tubes inserted? Yes No
If yes, at what age(s)?
9. Does your child speak loudly? Yes No
10. Does your child have a significant medical history due to an accident, illness, or medical condition?
If yes, please describe:
11. Has your child ever been hospitalized? Yes No
If yes, please describe:
12. Does your child take prescription medications on a routine, daily basis? Yes No
If yes, please list:
13. Does your child have any allergies? Yes No
If yes, please list:
14. Does your child have an EpiPen? Yes No
15. Does your child use an asthma inhaler? Yes No

16. Has your child ever had a special assessment for (please circle, if applicable)

Educational exam **Psychological** **Neurological**

If your child had any exams above, please describe the reason:

Name and location of the person(s) who administered the exam:

17. May we have permission to contact your child's medical provider, as needed? Yes No
If yes, please sign below:

Signature

Date

Medical Provider's Name: _____

Phone Number: _____

Speech/Language Information:

1. My child has had a speech and language evaluation. Yes No
If yes, did he/she receive therapy? Yes No If yes, for how long? _____
2. My child currently receives speech and language therapy. Yes No
Therapist's name/agency: _____
3. My child is generally understood by people outside the family. Yes No
4. I find myself restating what my child has said to others. Yes No

Motor Information:

1. My child can independently: (check all that apply)
 Pedal a bike(with or without training wheels) Pump a swing
 Walk up and down stairs using one foot per step Hop on one foot
2. My child has had a physical therapy evaluation. Yes No
If yes, did he/she receive therapy? Yes No If yes, for how long? _____
3. My child currently receives physical therapy Yes No
Therapist's name/agency: _____

Sensory Information:

1. My child is fearful of loud noises. Yes No
2. My child does not like crowds. Yes No
3. My child is a picky eater (does not like certain food textures, colors, etc.) Yes No
4. My child becomes overwhelmed in new situations. Yes No
5. Certain clothing (tags, different materials, etc.) bother my child. Yes No

Fine Motor Information:

1. My child can hold a crayon to color and draw pictures without difficulty. Yes No
2. My child can hold a pencil and write some or all letters of his/her name without difficulty. Yes No
3. My child has had occupational therapy and/or sensory evaluation. Yes No
If yes, did he/she receive therapy? Yes No If yes, for how long? _____
4. My child currently receives occupational therapy. Yes No
Therapist's name/agency: _____

Attention Information:

1. My child gives eye contact to the person speaking. Yes No
2. My child is easily distracted. Yes No
3. My child sticks to one activity for at least 15 minutes at a time (not including computer/TV) Yes No
4. My child darts from one task to another. Yes No
5. My child perseveres or excessively over-focuses on things or ideas. Yes No
6. My child is overly restless or fidgety. Yes No

7. My child has been diagnosed with **ADD or ADHD**. Yes No

Part 3: Self-Help Information

1. My child can **independently**: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Put away toys | <input type="checkbox"/> Hang-up coat |
| <input type="checkbox"/> Button clothing | <input type="checkbox"/> Zip clothing |
| <input type="checkbox"/> Follow a 2-step direction | <input type="checkbox"/> Clean up a spill |
| <input type="checkbox"/> Completely get dressed | <input type="checkbox"/> Put shoes on correct feet |
| <input type="checkbox"/> Take care of <u>all</u> toileting needs | <input type="checkbox"/> Blow or wipe nose without being asked |
| <input type="checkbox"/> Unscrew jar lids or bottle caps | <input type="checkbox"/> Ask an adult for help, when needed |

Part 4: Behavior and Social Development Information

1. My child initiates play with other children. Yes No
2. My child has opportunities to play with other children his/her own age. Yes No
3. My child easily separates from parents Yes No
4. My child is able to take turns. Yes No
5. My child gets along well with other children. Yes No
6. My child is fearful/anxious and worries a lot. Yes No
7. Does your child exhibit any serious behavior problems? (Check all that apply)
 Defiance of adults/non compliant Tantrums
 Use of inappropriate language Aggressive/violent behavior towards others
Other:
8. What is your child's reaction to stress? (Check all that apply)
 Cries Headache Bites Stomach Ache
Other:
9. Are there challenges with behavior management at home? Yes No
10. If yes, what is the most effective in establishing acceptable behavior:

Part 5: Other Information:

Please estimate how much 'screen time' your child experiences per week. _____ hrs _____ min

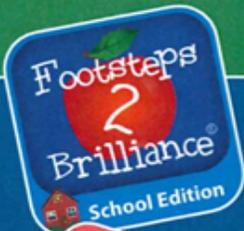
Is there any additional information that you would like to share about your child?



REGISTER FOR A FREE READING AND LITERACY APP!



The Early Literacy Innovation Zone of North Central MA is providing Footsteps2Brilliance®, a comprehensive literacy app, to families with children birth up to 3rd grade for FREE. This engaging app will help your child excel at reading and be prepared for school.



1. Register for your free Super Secret Code at:
www.myf2b.com/IZ
2. Download the apps from your app store.
3. Play 15 mins each day with your child.



Getting Started: What should I download first?

For Parents

Footsteps2Brilliance® is designed to encourage and support self-directed learning. Your child can explore any part of the program and experience success. By downloading and removing books and games from a variety of levels and series, you can keep your child engaged and motivated. Here are recommendations to get started:

Your Child	Best Level for Your Child*	Recommended Series to Download First*
Age 2 to 3	Red Level	<ul style="list-style-type: none"> ✓ Karaoke Nursery Rhyme book series ✓ Factory Floor (Red Level: Logic and Reasoning) ✓ My Doodle Pad (Red Level: My Writing)
Age 4 to 5	Red Level	<ul style="list-style-type: none"> ✓ ALPs book series ✓ Letters and Sounds game series (Red Level) ✓ Create a Book (Red Level: My Writing) ✓ Better Letters games (Red Level: My Writing)
Kindergarten	Red Level	<ul style="list-style-type: none"> ✓ Mega Mouth Decoders 1 book series ✓ Word Work game series (Red Level) ✓ Create a Book
First Grade	Yellow Level	<ul style="list-style-type: none"> ✓ Alphabet Animals book series ✓ Word Work game series (Yellow Level) ✓ My Journal (Yellow Level)
Second Grade	Blue Level	<ul style="list-style-type: none"> ✓ Aesop's Fables book series ✓ Language Skills game series (Blue Level) ✓ My Journal (Blue Level)

*Keep in mind that books and games from other levels may engage your child's interest and creativity. Encourage your child to explore.

How do I download and remove content?

	Tap the green download button on an item to download it.
	Tap the purple update button to download improvements to an item.
<small>(only for adults)</small>  	Tap the gray Delete Items (Off) button to enable deleting. <i>(Only parents, staff, and adult users will see this button.)</i> Next, tap the red delete button on an item to delete it from your app.

Parent_downloading for v 7.0

¡REGÍSTRESE PARA UNA APP GRATIS DE LECTURA Y ESCRITURA!



The Early Literacy Innovation Zone de North Central MA brinda acceso a Footsteps2Brilliance®, una app completa de alfabetización, a todos las familias con niños recién nacidos hasta el 3^{er} grado. Esta aplicación ayudará a sus hijos a sobresalir en la lectura y a estar preparados para la escuela.



1. Regístrese para su Código Super Secreto gratis en:

www.myf2b.com/IZ

2. Descargue las apps desde su tienda de aplicaciones.

3. Juegue 15 minutos al día con sus hijos.