

# ANONYMOUS CENTRAL SCHOOL DISTRICT UNIVERSAL PREKINDERGARTEN REGISTRATION

Dear Parents/Guardian:

The Universal Prekindergarten is a special program which was established by the State Education Department and the Anonymous Central School District to provide an early learning experience for the children of eligible families. Eligible families are defined as: those who live in the Anonymous School District and have children who will be four years old by December 1, 2007. The program is now preparing for the ninth year which begins in September 2007, (pending funding approval in the NYS budget) and is now accepting applications.

This is a preschool program conducted with a qualified teacher and an assistant in every class. The children attend five (5) half days for 2½ hours each day, for 180 days per school year, at no cost to you.

**INELIGIBILITY:** Students who are unable to attend prekindergarten 5 days a week, 2 ½ hours per day, for the entire school year may be ineligible.

When you return the completed application, please include the following **copies that we may keep:**

1. A copy of your child's original birth certificate. (If the birth certificate is not in English, we need a copy of your child's passport).
2. A completed signed or stamped record of up-to-date immunizations, with the physician's name and address included.
3. Proof of district residency (Documentation showing your name & address. Ex.: Mailing address on a bank statement, utility bill, magazine, etc.)
4. A telephone number where you can be reached between 8:00a.m. and 4:00p.m.

**Please check off on the application (page 4) your 1st, 2nd and 3rd choices of sites for your child to attend.**

## STATEMENT OF METHOD FOR SELECTION OF CHILDREN

CCRR will oversee the registration process. CCRR will accept the applications, verify eligibility and place children according to parent choice if possible. Parents/Guardians will be notified of the status of their child once slots have been filled. If more requests are made for a specific contracted agency than can be placed, a lottery will be used to choose children for that site.

Thank you for your cooperation in providing the necessary information.

Sincerely yours,

**IT IS IMPORTANT TO RETURN THE COMPLETED UNIVERSAL PREKINDERGARTEN APPLICATION BY May 15, 2007 TO:**

Date Received:

ANONYMOUS CENTRAL SCHOOL DISTRICT  
UNIVERSAL PREKINDERGARTEN  
CONFIDENTIAL APPLICATION 2007

<input type="checkbox"/> BC
<input type="checkbox"/> Immu
<input type="checkbox"/> Residency

Universal Prekindergarten is funded by the New York State Education Department. The following information is required to document eligibility.

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Male  Female  Date of Birth / / Place of Birth \_\_\_\_\_

Home Address: Street \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone (Father) \_\_\_\_\_  
(Mother) \_\_\_\_\_

Child's age on December 1, 2007 \_\_\_\_\_ (PROGRAM IS OPEN TO 4 YEAR OLDS ONLY)

**CHILD'S RACE/ETHNICITY**

American Indian/Eskimo  Black/African American  Asian   
Hispanic  Caucasian  Native Hawaiian/Pacific Islander

Is your child's primary language other than English? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what language? \_\_\_\_\_

Please describe any special needs \_\_\_\_\_  
\_\_\_\_\_

Does your child currently attend any early childhood program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? \_\_\_\_\_

If not, did he/she attend any other program in the past? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Where? \_\_\_\_\_

MOTHER/LEGAL GUARDIAN	FATHER/LEGAL GUARDIAN
FIRST/LAST NAME	FIRST/LAST NAME
MAIDEN NAME	
Address (if different from child's) Street Town Zip	Address (if different from child's) Street Town Zip
Employer's Name and Address	Employer's Name and Address
Occupation	Occupation

Telephone/Dept. #	Telephone/Dept. #
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**PROOF OF IMMUNIZATION:** No application will be accepted unless a photocopy of the immunization record is attached. Required immunizations are:

- 3 doses diphtheria (DTP, Dtap)
- 3 doses Polio (3 OPV or 4 IPV)
- 1 dose Measles, Mumps, Rubella (MMR)
- 3 doses Hepatitis B
- 3 doses or 1 dose administered on or after 15 months of age Haemophilus Influenzae Type b (Hib)
- 1 dose Varicella (chicken pox)

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**UNIVERSAL PREKINDERGARTEN STUDENTS MUST ALSO HAVE A PHYSICAL EXAM**

Child's sisters, brothers and other persons living in the home:

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>School</u>	<u>Grade</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do any of the children living in the home attend special classes or receive other education services: (speech, reading, resource room, other)? \_\_\_\_\_

\_\_\_\_\_

Are there any other children not living at home? (Please explain) \_\_\_\_\_

\_\_\_\_\_

Please describe special health problems, handicaps or special needs for any family members: \_\_\_\_\_

\_\_\_\_\_

Please comment on financial or other circumstances which you feel would make your child especially need Universal Prekindergarten.

\_\_\_\_\_

\_\_\_\_\_

I give my permission for the Universal Prekindergarten Program to use my child's picture in the school where my child is enrolled (i.e. bulletin boards, newsletters, class pictures, videotapes) and within my community (i.e. television, newspapers, etc.).

Yes

No

**I attest that the information completed by me on this form is current, true, and accurate.**

**Signature of Parent/Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

**PLEASE NUMBER WITH A 1, 2 AND 3 TO SHOW YOUR 1ST, 2ND AND 3RD CHOICES OF SITES THAT YOU WANT YOUR CHILD TO ATTEND FOR THE UNIVERSAL PREKINDERGARTEN PROGRAM**

\_\_\_\_\_ Tops for Tots Children's Center, Inc.

\_\_\_\_\_ West Street Child Care Center, Inc.

\_\_\_\_\_ Head Start

\_\_\_\_\_ West Street Child Care Center, Inc.

\_\_\_\_\_ Tiny Scholars

\_\_\_\_\_ Intercommunity Relations Council

\_\_\_\_\_ Cheder Ateres Tzvi

\_\_\_\_\_ Adolph Schreiber Hebrew Academy (ASHAR)

\_\_\_\_\_ Community Improvement Council:

\_\_\_\_\_ Community Improvement Council: Girls

\_\_\_\_\_ Teacher Mommy