

# Watervliet City School District.

Universal Pre-K Program  
2557 10<sup>th</sup> Avenue, Watervliet, NY 12189  
(518) 629-3263 Fax (518) 629-3250

## Universal Pre-K Program Application Information

**You must make an appointment to register for the UPK Program.**

Please call **629-3263** to schedule your registration time.

Registration will be held March 21<sup>st</sup> & 22<sup>nd</sup> at the Watervliet Elementary

PLEASE BRING THE FOLLOWING ITEMS TO YOUR REGISTRATION APPOINTMENT.  
*YOUR APPLICATION CANNOT BE PROCESSED WITHOUT ALL OF THE FOLLOWING:*

**1. Proof of Residency-** *(any of the following)*

**Acceptable** proof of residence:

- Mortgage or property tax statement
- Certificate of Occupancy
- Residential Occupancy Permit

**2. Child's Birth Certificate**

- *Children must be age 4 by December 1<sup>st</sup> to attend the Pre-K Program.*

**3. Child's Medicaid or Health Insurance Card**

**4. Child's Immunization Record**

**5. Proof of Income** – P.A. Budget Sheet; W-2 Form (prior year); Four weeks worth of employment pay stubs or Unemployment Receipts, Child Support Payments, SSI Documentation, etc.

**6. Custody Paperwork,** *if applicable*

**UPK placements are limited and will be assigned through a lottery system. Applications not initially selected will be placed on a waiting list and called when a space becomes available.**

***IF YOUR APPLICATION IS SELECTED YOU WILL RECEIVE AN ACCEPTANCE LETTER BY MID-JUNE.***

**The UPK program hours are from 8am – 2pm and follow the WCSD calendar.**  
(Before and After Care available for a fee.)

**Transportation is not provided.**

**Before your child can begin attending school in September, s/he will need:**

- **A complete annual physical exam with mandated blood work and test results recorded.**  
(You will receive the Watervliet City School District physical form with your acceptance letter.)
- **An Emergency Treatment Form** (You will receive this form with your acceptance letter.)

**CHILDREN CANNOT START ATTENDING THE PROGRAM UNTIL ALL PAPERWORK IS COMPLETED**

*If you have any questions, please call the  
Watervliet City School District Universal Pre-Kindergarten Office at (518)-629-3263.*

# Watervliet City School District Universal Pre-K Program APPLICATION 2012-2013 School Year

Child's Immunization Record   
  Proof of Income   
  Custody Papers (if applicable)  
 Child's Birth Certificate   
  Health Insurance or Medicaid Card   
  Proof of Residency

**THE ABOVE DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION FORM**

Child Name: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F    Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Place of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_ Phone Number(s): Home ( \_\_\_ ) \_\_\_\_\_ -- \_\_\_\_\_

Mom or Dad \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell ( \_\_\_ ) \_\_\_\_\_ -- \_\_\_\_\_

Mom or Dad \_\_\_\_\_

**Extended Day Program Requested:**     No     Yes\*    **Before school** \_\_\_\_\_ **After School** \_\_\_\_\_

*\*Please note: Extended Day Program placements are available for an additional cost and on a limited basis only.*

**Name of parent(s) &/or guardian(s) living with child in household.** (Specify relationship if guardian is other than parent.)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Mother    Father    Legal Guardian Relation: \_\_\_\_\_

Work# \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Mother    Father    Legal Guardian Relation: \_\_\_\_\_

Work# \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

**Emergency Contact Information** (person to be contacted if parent cannot be reached)

Name: \_\_\_\_\_ Phone : ( \_\_\_ ) - \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Name: \_\_\_\_\_ Phone : ( \_\_\_ ) - \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**Household Information:** Number of parents in home: \_\_\_\_\_ Number of children in home: \_\_\_\_\_ Total family size: \_\_\_\_\_

List below any other members of immediate family living in household:

<u>First and Last Name:</u>	<u>Date of Birth:</u>	<u>Sex:</u>	<u>Relationship to Child:</u>
_____	___ / ___ / ___	___	_____
_____	___ / ___ / ___	___	_____
_____	___ / ___ / ___	___	_____
_____	___ / ___ / ___	___	_____

**Do you feel your child has any Special and/or Medical Needs such as:** Speech: \_\_\_\_\_ Hearing: \_\_\_\_\_

Behavior: \_\_\_\_\_ Emotional: \_\_\_\_\_ Other (please specify): \_\_\_\_\_

Has a doctor or clinic diagnosed your child with any Special and/or Medical Needs? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child currently receiving services for Special and/or Medical Needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where & for what services?: \_\_\_\_\_

**Has your child previously attended a preschool program?** No \_\_\_ Yes \_\_\_ If yes, where? \_\_\_\_\_

**Native Language spoken at Home:** English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (please specify) \_\_\_\_\_

If student just entered into the USA- Date entered \_\_\_\_\_

**Ethnicity:** African American/Black: \_\_\_\_\_ Asian: \_\_\_\_\_ Hispanic: \_\_\_\_\_ Caucasian/White: \_\_\_\_\_

American Indian or Alaskan Native: \_\_\_\_\_ Other (please specify): \_\_\_\_\_

**Family Income/ Source** (please check all that apply): \_\_\_\_\_ Pay Stubs- Wages Earned (annual gross amount: \$ \_\_\_\_\_)

\_\_\_\_\_ Social Security \_\_\_\_\_ Unemployment Insurance \_\_\_\_\_ Disability / Compensation

\_\_\_\_\_ Public Assistance \_\_\_\_\_ Child Support Payments \_\_\_\_\_ SSI

\_\_\_\_\_ Other (please explain): \_\_\_\_\_

*I understand that my child will participate in all aspects of the Pre-K Program, unless restricted by religious or medical reasons.*

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_