

Watervliet City School District.

Pre-K Program

2557 10th Avenue, Watervliet, NY 12189
(518) 629-3263 Fax (518) 273-5312

Pre-K Program Application Information

You must make an appointment to register for the Pre-K Program.
Please call Jill O'Connell at **629-3263** to schedule your registration time.
Registration will be held March 13th & 14th at the Watervliet Elementary. All
students who register with completed packets by April 13th, 2017 will be
included in the Lottery.

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

Completed Application

Proof of Residency- (any of the following)

Acceptable proof of residence:

- Mortgage or property tax statement
- Certificate of Occupancy
- Copy of lease
- Notarized statement from landlord

Child's Birth Certificate

- Children must be age 4 by December 1st to attend the Pre-K Program.

Child's Medicaid or Health Insurance Card

Child's Immunization Record

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.

Custody Paperwork, if applicable

Pre-K 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 Pre-K program hours are from 8am – 2pm and follow the WCSD calendar.
(Before and After Care is available for a fee and is provided by the Watervliet Civic Center.)
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 other questions, please call Geraldine Ferris/Outreach Coordinator at (518)-629-3263.

Watervliet City School District Pre-K Program APPLICATION
2017-2018 School Year

<input type="checkbox"/> Child's Immunization Record	<input type="checkbox"/> Proof of Income	<input type="checkbox"/> Custody Papers (if applicable)
<input type="checkbox"/> Child's Birth Certificate	<input type="checkbox"/> Health Insurance or Medicaid Card	<input type="checkbox"/> Proof of Residency

THE ABOVE DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION FORM

Child Name: _____ Sex: M F Date of Birth: ___ / ___ / ___

Address: _____ Apt. _____

City, State _____ Zip: _____

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: _____

Highest level of education _____ Have health insurance? _____

Are you disabled: Yes _____ No _____ Are you a veteran: Yes _____ No _____

Are you in Active Military Status: Yes _____ No _____

Work# _____ Home# _____ Cell# _____

Email: _____

Name: _____ Age: _____ Mother Father Legal Guardian Relation: _____

Highest level of education _____ Have health insurance? _____

Are you disabled: Yes _____ No _____ Are you a veteran: Yes _____ No _____

Are you in Active Military Status: Yes _____ No _____

Work# _____ Home# _____ Cell# _____

Email: _____

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 living in household:

First and Last Name:	Date of Birth:	Sex:	Relationship to Child:
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____

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?: _____

Parent/Guardian of a previous Pre-K student at Watervliet Elementary Yes _____ No _____

Has your child previously attended a preschool program? No _____ Yes _____ If yes, where? _____

Language spoken at Home: English _____ Spanish _____ Other (please specify) _____

Date student entered the USA (if applicable) _____

Ethnicity: Hispanic _____ Non-Hispanic _____

Race: African American/Black _____ Asian _____ Caucasian/White _____ American Indian or Alaska

Native _____ Native Hawaiian or Pacific Islander _____ Multiracial _____ 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:** _____ / _____ / _____

WATERVLiet CITY SCHOOL DISTRICT RESIDENCY QUESTIONNAIRE

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Date of Birth: ____/____/____ Grade: ____ ID#: _____
 Female Month Day Year (Preschool-12) (Optional)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in the school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter
- With another family or other person (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____
- In permanent housing

Print name of Parent, Guardian, or Student
(for unaccompanied homeless youth)

Signature of Parent, Guardian, Student
(for unaccompanied homeless youth)

(Date)

If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.



Home Language Questionnaire (HLQ)

Dear Parent or Guardian:

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes English. Your assistance in answering these questions is greatly appreciated.

Thank You

TO BE COMPLETED BY SCHOOL PERSONNEL

DISTRICT _____
Please print or type clearly

SCHOOL _____ GRADE _____

STUDENT NAME _____

DATE OF BIRTH _____
Month: _____ Day: _____ Year: _____

STUDENT IDENTIFICATION NUMBER _____

COUNTRY OF BIRTH / ANCESTRY _____

NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S. _____

NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION _____

DETERMINATION: Possible LEP
 English Proficient

(✓ boxes that apply)

- What language(s) is spoken in the student's home or residence? English Other _____
specify
- What language(s) are spoken most of the time to the student, in the home or residence? English Other _____
specify
- What language(s) does the student understand? English Other _____
specify
- What language(s) does the student speak? English Other _____
specify
- What language(s) does the student read? English Other _____ Does Not Read
specify
- What language(s) does the student write? English Other _____ Does Not Write
specify
- In your opinion, how well does the student understand, speak, read and write English?

	<i>Very well</i>	<i>Only a little</i>	<i>Not at all</i>
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent/Guardian/Other _____

Date _____

Month: _____ Day: _____ Year: _____