

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 12th & 13th at the Watervliet Elementary. All
students who register with completed packets by April 12th, 2018 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

2018-2019 School Year

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:

<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?: _____

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:** _____ / _____ / _____



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 <small>Please print or type clearly</small>			
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:		<input type="checkbox"/> Possible LEP <input type="checkbox"/> English Proficient	

(✓ boxes that apply)

- What language(s) is spoken in the student's home or residence?

<input type="checkbox"/> English	<input type="checkbox"/> Other _____
	<small>specify</small>
- What language(s) are spoken most of the time to the student, in the home or residence?

<input type="checkbox"/> English	<input type="checkbox"/> Other _____
	<small>specify</small>
- What language(s) does the student understand?

<input type="checkbox"/> English	<input type="checkbox"/> Other _____
	<small>specify</small>
- What language(s) does the student speak?

<input type="checkbox"/> English	<input type="checkbox"/> Other _____
	<small>specify</small>
- What language(s) does the student read?

<input type="checkbox"/> English	<input type="checkbox"/> Other _____	<input type="checkbox"/> Does Not Read
	<small>specify</small>	
- What language(s) does the student write?

<input type="checkbox"/> English	<input type="checkbox"/> Other _____	<input type="checkbox"/> Does Not Write
	<small>specify</small>	

7. In your opinion, how well does the student understand, speak, read and write English?

	Very well	Only a little	Not at all
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 _____

Month: _____ Day: _____ Year: _____
Date _____