WILSON UNIVERSAL PRE-KINDERGARTEN

Wilson Elementary School 430 Young Street Wilson, New York 14172 St. Peter Lutheran School 4169 Church Road Lockport, New York 14094

Child: Last Name	First Name	M.I.	Sex	D.O.B.
Telephone	Handicapped (Yes/No)	Race	Main Language Spoken in Househol	d
Street Address-Apt.#	P.O. Box City		State	Zip
Father/ Guardian Last Name	First Name		 D.O.B.	
Street Address – Apt. # Lives in Household Yes	P.O. Box City No		State Zip	Telephone
Mother/ Guardian Last Name			D.O.B.	
Street Address-Apt. # Lives in Household Yes	P.O. Box City No		State Zip	Telephone

<u>Marital Status</u>	Educatio			here Employed			<u>Telephone</u>
	(Highes	t Grade Completed)			F/T	Р/Т	
Single	Father		Mother		_F/T	P/T	
Married	Mother						
Divorced							
Separated	<u>Presently</u>	<u>y in School</u>	Father		_ F/T	P/T	
Widowed	or Traini	ing	Mother		F/T	' P/T	
Number of Perso	ns in Househol	<u>d</u>					
#Adults #	Children #	Total Household	# Handicappe Adults	d #Handicapped Children	-#	[‡] Disabled Paren	ts
Is there a chronic	e illness of a par	rent/family member?	Yes	No			

IN CASE A PARENT OR GUARDIAN CAN'T BE REACHED, WE WOULD LIKE THE NAMES OF TWO RELATIVES OR NEIGHBORS WHO WOULD TAKE RESPONSIBILITY FOR YOUR CHILD DURING AN EMERGENCY.

Name	Address	Telephone	Relationship
Name	Address	Telephone	Relationship

Other Children in Household:

<u>Last Name</u>	<u>First Name</u>	<u>Sex</u>	Age	<u>Grade Level</u>	DOB		
Child Currently Lives with: (0	Check all applicable)						
Mother			_Grandn	nother			
Step-Mother					Uncle	Foster Parent	
How long has child lived with	adults checked above?						
Describe Your Child's Resider	nce:						
Single Family Home	DuplexA	Apartme	ent	Trailer	_RentC	Own	
How long have you lived at yo How long have you lived in th							
Are you currently using other day care for a child you wish to enroll?YesNo If yes, name of the program							
Are you currently receiving day care subsidy?YesNo							
Is your child currently received If yes, name of the program.	5 7 7				No		
How did you hear about the Wilson Pre-Kindergarten Program?							

Please indicate your locations preference. An effort will be made to accommodate preferences. However, there is no guarantee on location placement.

_____Wilson Elementary _____St. Peter at North Ridge

STATEMENT OF UNDERSTANDING

Wilson Pre-Kindergarten

- ✤ I/We understand that:
 - ♦ CHILDREN, WHO ARE RESIDENTS OF THE WILSON CENTRAL SCHOOL DISTRICT AND WHO ARE FOUR (4) YEARS OF AGE ON OR BEFORE <u>DECEMBER 1 OF THE NEW SCHOOL</u> <u>YEAR</u> ARE ELIGIBLE TO APPLY.
 - ✤ OUR UNIVERSAL PRE-KINDERGARTEN CLASSES WILL BE HELD AT WILSON ELEMENTARY AND AT ST. PETER AT NORTH RIDGE. THEY WOULD TENTATIVELY BE MORNING PROGRAMS. OTHER SPECIFICS OF THE PROGRAM WILL BE CONFIRMED AT A LATER DATE.
 - ✤ PLEASE INDICATE YOUR SITE PREFERENCE ON THE APPLICATION. AN EFFORT WILL BE MADE TO ACCOMMODATE PREFERENCES. ACCEPTANCE INTO THE PROGRAM GIVES CHILDREN ACCESS TO OUR PRE-KINDERGARTEN PROGRAM, NOT A SPECIFIC LOCATION OR SESSION.
 - ✤ A RANDOM SELECTION PROCESS MAY BE USED TO DETERMINE ACCEPATNCE INTO THE PROGRAM AND LOCATION, IF NEEDED.
- ✤ PLEASE RETURN ALL COMPLETED APPLICATIONS TO THE WILSON <u>ELEMENTARY MAIN OFFICE</u> PRIOR TO MAY 31, 2018.
 - It is important to remember that our Universal Prekindergarten program is a grant program funded by the New York State Education Department. We are dependent on that funding to operate the program and changes in our state budget could impact our program.

THIS APPLICATION WILL NOT BE CONSIDERED IF THIS STATEMENT IS NOT SIGNED.

Signature of Parent/Guardian

Signature of Parent/Guardian

YOU WILL BE REQUIRED TO PROVIDE THE FOLLOWING FOR THE WILSON PRE-KINDERGARTEN PROGRAM ALONG WITH YOUR APPLICATION.

- Child's original Birth Certificate or Baptismal Certificate
- The child's immunization record and physical
- Verification of Residency in the Wilson Central School District
- Custody Papers (if applicable)
- Registration Papers, Home Language and Residency Questionnaires

TELL US ABOUT YOUR CHILD

What hand	does your child us	æ? (Check all aj	pplicable)	
Right		Left		Both
What age d	id your child walk	?	Tal	lk?
When was y	your child toilet tra	ained?		
What activi	ties does your chil	d enjoy?		
Does your o	child have any mee	dical problems?		
Do you hav activities?	e a religious belief	that would prol	hibit your child	from participating in some of ou
Yes	No	(If Yes, ex	xplain)	
SE WRITE A	NY OTHER INFO	RMATION YOU	WOULD LIKE	US TO KNOW BELOW: