

Universal Pre-Kindergarten Registration Form

Form 108: Rev: 10/2012

GLENS FALLS CITY SCHOOL DISTRICT

Glens Falls, New York 12801

Student's Name \_\_\_\_\_ Sex: M / F
Last First Middle Initial

Date of Birth \_\_\_\_\_ Place of Birth (City, State, Country) \_\_\_\_\_

Date of 1st POLIO vaccination \_\_\_\_\_

Directions to Parent/Guardian

Please answer questions (1) and (2). Please read them before you respond. For question (1) check (✓) the box that best describes your child. Check (✓) only ONE box.

- 1. Is the student Hispanic, Latino, or of Spanish origin?
2. Select one or more races from the following five racial groups.

Homeless: Yes [ ] No [ ] Do you live in a shelter? Yes [ ] No [ ]

Do you live with relatives/other due to lack of shelter? Yes [ ] No [ ]

Are you housed in a shelter awaiting an OCFS permanent foster care placement? Yes [ ] No [ ]

Attach Proof of Residency [ ] Lease Agreement [ ] Phone Bill [ ] Utility or TV Bill [ ] Closing Papers [ ]
New Drivers License [ ] Notarized Landlord Affidavit [ ] Mortgage Statement [ ]

Student's address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Is this a listed number? Yes [ ] No [ ]

Last School attended, Pre-School or Nursery School (include address) \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Does the father reside with student? Yes / No Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's place of employment: \_\_\_\_\_ Work # \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Does the mother reside with student? Yes / No Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's place of employment: \_\_\_\_\_ Work # \_\_\_\_\_

**Other Adult with Family:** \_\_\_\_\_

What is this person's relationship to child? \_\_\_\_\_ Cell: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work # \_\_\_\_\_

**Emergency Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

If parents are not available in an emergency, call: (this person should be in the local area)

Relationship to Child: \_\_\_\_\_

Guardian / Legal Documents? Yes / No *Please describe*

Is there anyone to whom the student cannot be released due to court order/order of protection?

Yes / No If yes, please provide a copy of the order(s)

**OTHER INFORMATION: (Has your child ever received)**

Special Education \_\_\_\_\_ Physical Therapy \_\_\_\_\_ Occupational Therapy \_\_\_\_\_

English as a Second Language \_\_\_\_\_ Speech \_\_\_\_\_

What language did the child learn when he/she first began to talk? English \_\_\_\_\_ Other \_\_\_\_\_  
(specify)

Are any other languages spoken in the home on a regular basis? If so, specify:

Session Preference: (Please check one)

AM session 9:00 - 11:30 \_\_\_\_\_

PM session 12:30 - 3:00 \_\_\_\_\_

Either AM or PM \_\_\_\_\_

Comments:

*Completion of this form does not constitute placement in the program. Students will be selected via a lottery system. All applicants will be contacted to inform you of admission to the program.*

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

\_\_\_\_\_  
Date

**Number to call first in case of emergency:** \_\_\_\_\_