

RED CREEK CENTRAL SCHOOL DISTRICT
PRE-KINDERGARTEN APPLICATION 2008-2009

| | |
|--------------------------|--------------------|
| <u>Office Use Only:</u> | |
| Registration Date: _____ | Student No.: _____ |
| Family No.: _____ | Bus No.: _____ |
| Grad. Year: _____ | |
| Birth Proof: _____ | |

Telephone No.: _____

Student's Name: _____
Last First M.I.

Home Address: _____

County: _____ Date of Birth: _____

Place of Birth: _____ Sex: M F

Social Security No: _____

.....
FATHER'S NAME:

MOTHER'S NAME

Last First M.I. Last First M.I.

CHECK ONLY ITEMS WHICH APPLY

- | | |
|---------------------------------|---------------------------------|
| _____ Child's Biological Father | _____ Child's Biological Mother |
| _____ Step-Father | _____ Step-Mother |
| _____ Foster Father | _____ Foster Mother |
| _____ Single Parent | _____ Single Parent |

Are any custody papers in effect for your child? Yes _____ No _____

| | |
|----------------------------|----------------------------|
| FATHER | MOTHER |
| Occupation _____ | Occupation _____ |
| Bus. Phone _____ | Bus. Phone _____ |
| Employer _____ | Employer _____ |
| Education Completed: _____ | Education Completed: _____ |

If your child will be coming from and/or going to a daycare provider, please complete the following:

DAYCARE PROVIDER _____
ADDRESS _____
PHONE _____

EMERGENCY CONTACT PERSON(S)/PHONE NUMBER:

(1) _____ (2) _____

WHO DO YOU GIVE PERMISSION TO PICK UP YOUR CHILD?

(1) _____ (2) _____

Family Doctor: _____ Phone: _____

IF YOUR CHILD IS EXPERIENCING PROBLEMS OR DIFFICULTIES IN HEARING, VISION, SPEECH, PHYSICAL LIMITATIONS, RELATING TO OTHER CHILDREN OR ADULTS, IN LEARNING, OR IN BEHAVIOR, PLEASE DESCRIBE:

PLEASE LIST OTHER CHILDREN IN HOUSEHOLD:

| NAME | AGE | DATE OF BIRTH | RELATIONSHIP |
|------|-----|---------------|--------------|
|------|-----|---------------|--------------|

PLEASE STATE WHY YOU BELIEVE THE PRE-KINDERGARTEN PROGRAM WOULD BE A GOOD PROGRAM FOR YOUR CHILD AND FOR YOU AS A PARENT:

The Pre-Kindergarten Program requires active parent involvement in monthly activities. Will you be able to commit to participating in activities each month? Yes _____ No _____

Your child will be placed in either an AM or PM class. If there is a valid reason why your child must attend a specific session, please state below. We will try to schedule your child for that session; however, we are not able to make any guarantees. _____

The New York State Universal Pre-Kindergarten Program statute requires that the school district give preference to serving a percentage of eligible children who are economically disadvantaged as defined by the Commissioner of the State Education Department. To comply with this requirement your child's application must include either a completed Free & Reduced Price Lunch application or your declination. Failure to complete a Free & Reduced Price Lunch application will not disqualify one from participation in Universal Pre-Kindergarten.

PARENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____