



CECSD Universal Pre-K Program Phase I - Registration Form

DIRECTIONS: Please provide the information requested below. Please **sign** and bring this form to the Cortland Enlarged City School District's Registration Office. **Applications will be accepted on a first-come basis.** Registration opens March 25, 2019.

**KENDRA CHAMBERS, CENTRAL REGISTRATION
KAUFMAN CENTER
1 VALLEY VIEW DRIVE, CORTLAND, NEW YORK 13045
Phone: 758-4106: Hours 8:00 a.m. – 4:30 p.m.**

CHILD'S NAME: _____ DATE OF BIRTH: ____/____/____
LAST FIRST MIDDLE MO / DAY / YR

GENDER: MALE FEMALE PLACE OF BIRTH: _____

Ethnicity: Please circle all appropriate selections
Hispanic or Latino (Y/N): American Indian/Alaskan Native Asian AfrAm/Black Native Hawaiian/Other Pacific Islander White

PARENT'S/GUARDIAN'S NAME (1) ADDRESS PHONE #

EMPLOYMENT: _____ WORK PHONE #: _____

PARENT'S/GUARDIAN'S NAME (2) ADDRESS PHONE #

E-MAIL: _____

EMPLOYMENT: _____ WORK PHONE #: _____

ADDITIONAL CONTACT PERSON: _____ PHONE #: _____

DO YOU HAVE LEGAL CUSTODY OF THIS CHILD? YES NO
IS THIS CHILD A FOSTER CHILD IN YOUR HOME? YES NO
DOES THIS CHILD HAVE A DEVELOPMENTAL DISABILITY REQUIRING ASSISTANCE? YES NO

WILL YOU REQUIRE WRAP-AROUND CARE FOR YOUR CHILD? YES NO UNSURE

IF YES, HOURS OF CARE NEEDED: _____ A.M. TO _____ P.M.

At least 36% of the students selected for the program must meet the low-income criteria outlined below:
DO YOU QUALIFY FOR LOW-INCOME PREFERENCE? YES NO UNSURE

IF YES OR UNSURE, PLEASE CHECK ALL THAT APPLY:

- TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF)
- FREE OR REDUCED PRICE SCHOOL LUNCH
- FOOD STAMPS
- MEDICAID
- UNEMPLOYMENT COMPENSATION OR DISABILITY COMPENSATION
- ELIGIBLE FOR LOW INCOME DAY CARE PROGRAM (DSS)

IF YES OR UNSURE, PLEASE COMPLETE BELOW:

_____ # OF PERSONS IN HOUSEHOLD
_____ TOTAL 2018 HOUSEHOLD INCOME BEFORE TAXES

Parent's/Guardian's Signature: _____ Date: _____

Please complete page 2 →

The Cortland Enlarged City School District has received applications from the local agencies listed below to provide the half-day 2019-2020 Universal Pre-K Program. Registration forms will be accepted on a first-come basis. Please be prepared (when you come to the Kaufman Center office to register your child) with a second and third choice in the event your first choice site is full. Spaces are provided below for you to indicate your first, second, and third choices.

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Choice (1, 2, 3)	Providers	
	CAPCO Head Start Program	32 N. Main Street (Program held at Barry, Randall, Smith)
	Cortland County Child Development Center	59 Pomeroy Street
	SUNY Cortland Child Care Center	Education Building, Room 1000
	YMCA Pre-School Plus (Y2) via CAPCO	22 Tompkins Street
	YWCA Here We Grow	16 Miller Street

CECSD Universal Pre-K - Fact Sheet

- Child must reside in the Cortland Enlarged City School District
- Child's birth date must fall between 12/02/14 and 12/01/15
- The Pre-K program(s) will be held on-site at the selected daycare/pre-school(s).
- Transportation will be the responsibility of the parent/guardian(s).
- Pre-K sessions will be half-days, five days per week, and will follow the CECSD calendar. Parents will be responsible for following an attendance policy.
- There is no charge for the half-day Pre-K Program
- Before and/or after program hours childcare may be arranged through the daycare/ preschool providers. Please check with providers for fees and waivers.
- Children will be assigned to centers on a first-come basis.
- NYS immunization requirements for pre-kindergarten must be met along with a physical exam (within ninety days of the beginning of the program).

FOR OFFICE USE ONLY: DATE RECEIVED: _____ OFFICE USE #: _____ WAIT LIST # _____

QUALIFIES FOR ECONOMIC PREFERENCE: YES NO UNSURE

CENTER ASSIGNMENT: _____

PERSON CONTACTED: _____ DATE CONTACTED _____

cc: Board of Education
UPK Council