



Cortland Enlarged City School District
Universal Pre-K Program Registration Form
2024-2025 School Year

DIRECTIONS: Please provide the information requested below, and sign on Page 2. Bring completed form to the Cortland Enlarged City School's Office of Curriculum and Instruction, 1 Valley View Drive, Cortland, NY 13045. Applications will be accepted on a first-come basis. Registration opens March 21, 2024 at 8:30 a.m.

Child's Name: Last First Middle Date of Birth: ___/___/___ (Child must turn four years old by December 1)

Gender: Male ___ Female ___ Place of Birth: _____

Ethnicity (Check all appropriate Selections): Hispanic/Latino ___ American Indian/Alaskan Native ___

Asian ___ AfrAm/Black ___ Native Hawaiian/Other Pacific Islander ___ White ___

Dominate language spoken in the home: English ___ Other: _____

Parent/Guardian's Name (1): _____

Address: _____ Home/Cell Phone: _____ Email: _____

Employment: _____ Work Phone: _____

Parent/Guardian's Name (2): _____

Address: _____ Home/Cell Phone: _____ Email: _____

Employment: _____ Work Phone: _____

Additional Contact Person: _____ Relationship to Child: _____ Phone Number: _____

Do you have custody of this child? Yes ___ No ___ Is this child a foster child in your home? Yes ___ No ___

Does your child have a preschool IEP? Yes ___ No ___

Does this child have a developmental disability requiring assistance? Yes ___ No ___

Does your child need wrap around care? Yes ___ No ___ Unsure ___

If yes, please indicate hours: _____ 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 Low Income Day Care Program (DSS)

If yes or unsure, please complete below:

of persons in household ___ Total 2023 Household Income Before Taxes: _____



The Cortland Enlarged City School District has received applications from the local agencies listed below to provide 2024-2025 Universal Pre-K Programs. Registration forms will be accepted on a first-come basis. Spaces are provided below for you to indicate your first, second, and third choices (Please be sure to indicate your second and third choice, in the event that your first choice site is full).

PREFERENCE (1, 2, 3)	PROVIDERS	
	CAPCO Head Start Program (held at Randall and Smith)	32 N. Main Street
	Cortland County Child Development Center	59 Pomeroy Street
	Racker Center	882 NY-13
	SUNY Cortland Child Care Center	Education Building, Room 1000
	YWCA Here We Grow	16 Miller Street
	LOTTERY FOR UPK AT F.S. BARRY ELEMENTARY	
	In addition to my top 3 choices, I would like my child to be entered into the lottery for the UPK program at F.S. Barry Elementary. I understand that names will be randomly selected in early May, and that my child will be placed in one of my top three choices (listed above), previous to the lottery. NOTE: Wrap-around care is not an option for the full-day UPK program at Barry, which takes place during regular school hours.	

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

CECSD University Pre-K – Fact Sheet

- Child must reside in the Cortland Enlarged City School District.
- Child's date of birth must fall between 12/2/2019 and 12/1/2020.
- Transportation is the responsibility of the parent/guardian(s).
- Pre-K sessions will be five days per week, and will follow the CECSD calendar. Parents will be responsible for following an attendance policy.
- Before and/or after program hours may be arranged through the daycare/preschool providers. Please check with individual providers for fees and waivers. The UPK program at F.S. Barry Elementary does NOT provide a wrap-around care option.
- NYS immunization requirements for pre-kindergarten must be met along with the physical exam, within 90 days of the beginning of the program.

OFFICE USE ONLY

Date application received: _____	Center Assigned: _____
If waitlisted, # on list: _____	Center Waitlisted for: _____
Date Parent Contacted: _____	Form of contact: Email _____ Phone _____
Qualifies for Economic Preference: Yes _____ No _____	Unsure _____ Consider for Lottery? Yes _____ No _____