

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 1<sup>st</sup> 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?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.  
☐ YES, Hispanic  
☐ NO, Not Hispanic
2. **Select one or more races from the following five racial groups.** Check (✓) all groups that apply to your child. Check (✓) at least one box.  
☐ **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.  
☐ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.  
☐ **Native Hawaiian or other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  
☐ **Black or African American:** A person having origins in any of the Black racial groups of Africa.  
☐ **White:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

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  
(must be dated within 30 days) ☐ 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:

*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

Email address: \_\_\_\_\_

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