

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? ... 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: ... Asian: ... Native Hawaiian or other Pacific Islander: ... Black or African American: ... White: ...

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:

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:** \_\_\_\_\_