

# WILSON UNIVERSAL PRE-KINDERGARTEN

Wilson Elementary School  
430 Young Street  
Wilson, New York 14172

St. Peter Lutheran School  
4169 Church Road  
Lockport, New York 14094

Child:	_____	_____	_____	_____	_____
	Last Name	First Name	MI.	Sex	D.O.B.
	_____	_____	_____	_____	_____
	Telephone	Handicapped (Yes/No)	Race	Main Language Spoken in Household	
	_____	_____	_____	_____	_____
	Street Address – Apt. #	P.O. Box	City	State	Zip
	_____	_____	_____	_____	_____
Father/ Guardian	_____	_____	_____	_____	_____
	Last Name	First Name		D.O.B.	
	_____	_____	_____	_____	_____
	Street Address – Apt. #	P.O. Box	City	State	Zip
Lives in Household	Yes _____	No _____			Telephone
					_____
Mother/ Guardian	_____	_____	_____	_____	_____
	Last Name	First Name		D.O.B.	
	_____	_____	_____	_____	_____
	Street Address – Apt. #	P.O. Box	City	State	Zip
Lives in Household	Yes _____	No _____			Telephone
					_____

<u>Marital Status</u>	<u>Education</u>	<u>Where Employed</u>	<u>Telephone</u>
	(Highest Grade Completed)	Father _____ F/T P/T	_____
Single _____	Father _____	Mother _____ F/T P/T	_____
Married _____	Mother _____		
Divorced _____			
Separated _____	<u>Presently in School</u>	Father _____ F/T P/T	
Widowed _____	<u>or Training</u>	Mother _____ F/T P/T	
<u>Number of Persons in Household</u>			
_____	_____	_____	_____
# Adults	# Children	# Total Household	# Handicapped Adults
			# Handicapped Children
			# Disabled Parents
Is there a chronic illness of a parent/family member? Yes _____ No _____			

IN CASE A PARENT OR GUARDIAN CAN'T BE REACHED, WE WOULD LIKE THE NAMES OF TWO RELATIVES OR NEIGHBORS WHO WOULD TAKE RESPONSIBILITY FOR YOUR CHILD DURING AN EMERGENCY.

_____	_____	_____	_____
Name	Address	Telephone	Relationship
_____	_____	_____	_____
Name	Address	Telephone	Relationship

**Other Children in Household:**

<u>Last Name</u>	<u>First Name</u>	<u>Sex</u>	<u>Age</u>	<u>Grade Level</u>	<u>DOB</u>	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Child Currently Lives with: (Check all applicable)**

\_\_\_\_\_ Mother      \_\_\_\_\_ Father      \_\_\_\_\_ Grandmother      \_\_\_\_\_ Grandfather  
\_\_\_\_\_ Step-Mother      \_\_\_\_\_ Step-Father      \_\_\_\_\_ Aunt      \_\_\_\_\_ Uncle

How long has child lived with adults checked above? \_\_\_\_\_

**Describe Your Child’s Residence:**

\_\_\_\_\_ Single Family Home      \_\_\_\_\_ Duplex      \_\_\_\_\_ Apartment      \_\_\_\_\_ Trailer      \_\_\_\_\_ Rent      \_\_\_\_\_ Own

How long have you lived at your present address? \_\_\_\_\_

How long have you lived in the Wilson District? \_\_\_\_\_

Are you currently using other day care for a child you wish to enroll? \_\_\_\_\_ Yes      \_\_\_\_\_ No  
If yes, name of the program. \_\_\_\_\_

Are you currently receiving day care subsidy? \_\_\_\_\_ Yes      \_\_\_\_\_ No

Is your child currently receiving any other early childhood services? \_\_\_\_\_ Yes      \_\_\_\_\_ No  
If yes, name of the program. \_\_\_\_\_

How did you hear about the Wilson Pre-Kindergarten Program?  
\_\_\_\_\_

Please indicate your locations preference. An effort will be made to accommodate preferences. However, there is no guarantee on location placement.

\_\_\_\_\_ Wilson Elementary      \_\_\_\_\_ St. Peter at North Ridge

## STATEMENT OF UNDERSTANDING

### Wilson Pre-Kindergarten

❖ I/We understand that:

- ❖ CHILDREN, WHO ARE RESIDENTS OF THE WILSON CENTRAL SCHOOL DISTRICT AND WHO ARE FOUR (4) YEARS OF AGE ON OR BEFORE DECEMBER 1 OF THE NEW SCHOOL YEAR ARE ELIGIBLE TO APPLY.
- ❖ OUR UNIVERSAL PRE-KINDERGARTEN CLASSES WILL BE HELD AT WILSON ELEMENTARY AND AT ST. PETER AT NORTH RIDGE. THEY WOULD TENTATIVELY BE MORNING PROGRAMS. OTHER SPECIFICS OF THE PROGRAM WILL BE CONFIRMED AT A LATER DATE.
- ❖ PLEASE INDICATE YOUR SITE PREFERENCE ON THE APPLICATION. AN EFFORT WILL BE MADE TO ACCOMMODATE PREFERENCES. ACCEPTANCE INTO THE PROGRAM GIVES CHILDREN ACCESS TO OUR PRE-KINDERGARTEN PROGRAM, NOT A SPECIFIC LOCATION OR SESSION.
- ❖ A RANDOM SELECTION PROCESS MAY BE USED TO DETERMINE ACCEPTANCE INTO THE PROGRAM AND LOCATION, IF NEEDED.
- ❖ **PLEASE RETURN ALL COMPLETED APPLICATIONS TO THE WILSON ELEMENTARY MAIN OFFICE PRIOR TO MAY 31, 2020.**
- ❖ *It is important to remember that our Universal Prekindergarten program is a grant program funded by the New York State Education Department. We are dependent on that funding to operate the program and changes in our state budget could impact our program.*

**THIS APPLICATION WILL NOT BE CONSIDERED IF THIS STATEMENT IS NOT SIGNED.**

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**Signature of Parent/Guardian**

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**Signature of Parent/Guardian**

*The application deadline is MAY 31, 2020.*

**YOU WILL BE REQUIRED TO PROVIDE THE FOLLOWING FOR THE WILSON PRE-KINDERGARTEN PROGRAM ALONG WITH YOUR APPLICATION.**

- Child's original Birth Certificate or Baptismal Certificate
- The child's immunization record and last physical
- Verification of Residency in the Wilson Central School District
- Custody Papers (if applicable)
- District Registration
- District Residency Questionnaire
- Home Language Questionnaire

**TELL US ABOUT YOUR CHILD**

1. What hand does your child use? (Check all applicable)

Right \_\_\_\_\_ Left \_\_\_\_\_ Both \_\_\_\_\_

2. What age did your child walk? \_\_\_\_\_ Talk? \_\_\_\_\_

3. When was your child toilet trained? \_\_\_\_\_

4. What activities does your child enjoy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Does your child have any medical problems? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Do you have a religious belief that would prohibit your child from participating in some of our activities?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, explain) \_\_\_\_\_

\_\_\_\_\_

**PLEASE WRITE ANY OTHER INFORMATION YOU WOULD LIKE US TO KNOW BELOW:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_