



2023–2024 Three-year-old half-day UPK program

Dear Parent or Guardian,

Our Universal Pre-Kindergarten (UPK) is a state-funded program open to **three-year-old** children who will be entering kindergarten the following school year and available through the Geneva City School District. There is **no charge** for the UPK program.

- UPK acceptance is pending based on NYS funding renewal.
- **Transportation is NOT provided.**
- **Applications are due NO LATER THAN Friday, April 28, 2023.**
- Child must be three years old on or by December 1, 2023. Please include a copy of your **child's birth certificate** with the completed application packet.
- Please provide **proof of residency**. (Lease/Rent agreement, Utility bill, etc.) You must live in the Geneva City School District.
- If custody is shared between households, please include a **copy of custody documents stating primary placement or school district residency**.
- **Physical and immunization records are required prior to starting.** Your child's most recent lead level and dental exam forms are also requested.
- Spaces are limited and will be filled by a lottery system.
- All UPK classes are **Monday–Friday, three hours per day**, and follow the School District's calendar. UPK classes follow Geneva City School District policies for attendance.

The UPK program will be provided at various community sites. All sites will follow the same developmentally appropriate curriculum that is designed to prepare children for kindergarten in the Geneva City School District. All families of eligible three-year-old children are welcome to apply. To apply for the Universal Pre-Kindergarten program, please complete the attached packet.

Please return completed applications to:

Geneva City School District Head Start/UPK

Attn: UPK

30 West Street

Geneva, NY 14456

There is a dropbox located outside of West Street school for your convenience
(after hours or weekend)

**Geneva City School District
3-year-old half-day 2023–2024 UPK program
Application Packet**

Child's Name:

Address:

City:

Zip:

Are you a resident of the Geneva City School District?

Yes

No

Child's Date of Birth:

/ /

Age child will be on 12/1/2023:

(Child must be 3 on or by 12/1/23, and the child must not turn 4 before 12/1/23)

Gender (please check one):

M

F

Is child bilingual?

Yes

No

If yes, please list languages child speaks other than English:

Parent or Guardian Contact Information

Name:

Name:

DOB:

DOB:

Phone:

Phone:

Address:

Address:

Email:

Email:

Employer:

Employer:

Address:

Address:

Work Phone:

Work Phone:

Is guardian bilingual? Yes

No

Is guardian bilingual? Yes

No

Languages:

Languages:

If you are the child's legal guardian (not a natural or adoptive parent), please state relationship and include proof of legal guardianship with application packet.

Is child in foster care or kinship care?

Yes

No

Relationship to child:

Date guardianship was established:

List any additional persons living in the household

Name	Gender	Age	Relationship to Child

Has your child ever attended a childcare or preschool program?

Yes

No

If yes, when and where did they attend?

Name and phone number of your child's primary care physician:

Name and phone number of your child's primary dental provider:

1. Is your child currently receiving or has your child ever received services related to speech or language development at home or in a daycare setting?

Yes

No

If yes, what services, where, and which agency provided these services?

2. If your child has never received services, do you have any concerns about your child's development?

Yes

No

If yes, please list your concerns:

3. Is your child able to carry on a conversation with you or others?

Yes

No

4. Can your child's speech be understood by others?

Yes

No

5. Does your child usually speak in complete sentences?

Yes

No

6. Is your child able to follow 2- or 3-step directions?

Yes

No

7. Do you have any concerns regarding your child's physical development?

Example: Is your child prone to falling, or do they have difficulty using utensils?

Yes

No

If yes, please explain:

8. Does your child use the bathroom independently?

Yes

No

9. **Yes, I acknowledge there is no transportation, I will be responsible for arranging transportation to and from the UPK site. (Please initial):**

SITE PREFERENCE

Transportation is not provided.

All Programs run Monday–Friday, three hours per day, and align with the school district calendar. Participation will be determined by a lottery drawing and is subject to program receiving New York State funding. While there is no guarantee that each child will receive a UPK spot, when an application is selected, every attempt is made to place your child with the first choice indicated.

Please rank in order, your preferences from 1 to 2 (1 = your first choice). **If you are not able to have your child attend any program other than your first choice, please do not select an alternative.**

PLEASE CONTACT INDIVIDUAL SITES FOR SPECIFIC HOURS OR TO SCHEDULE A TOUR.

Happiness House – Christine Schultz 315-789-6828

Jim Dooley Center for Early Learning – Kyle Vanderlip 315-787-4190

YMCA – Mary Bakogiannis 315-789-1616

subject to change based on yearly contracts

Completed application must include all attached forms:

- ❖ copy of child’s birth certificate
- ❖ proof of residency
- ❖ physical and vaccination report
- ❖ custody orders or proof of guardianship (if applicable)

- State Law requires that a Home Language Questionnaire and McKinney-Vento Questionnaire be completed for all new entrants to the Geneva City School District.
- Please release all health and dental records to the Geneva City School District for the purpose of registration of the above student.

Completed Application Packet due NO LATER THAN Friday, April 28, 2023

Please return to:
GCSD Head Start/UPK
Attn: UPK
30 West Street
Geneva, NY 14456

Signature of Parent/Guardian: _____

Date: _____

For Office Use only: Proof of DOB _____ Proof of residency _____ Physical _____ Vaccinations _____

STUDENT RACIAL AND ETHNIC IDENTIFICATION

Grade: Three-Year-Old Expanded Services

Student Name: Last, First, Middle:

Date of Birth:

DIRECTIONS TO PARENT/GUARDIAN:

PLEASE ANSWER QUESTIONS 1 & 2. PLEASE READ THEM BEFORE YOU RESPOND.

Please check only one (1) box on Section 1.

- 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

Select one or more races from the following five racial groups in Section 2.

- 2. Please check all boxes 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, or 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.

Signature of parent/guardian:

Date:

Relationship to student: