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## **2021-2022 Three-year-old half day UPK program**

Dear Parent or Guardian,

Our Universal Pre-Kindergarten **Three-Year-Old Expanded Services** is a state funded program open to three-year-old children who live in 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 30, 2021.**
- Child must be 3 years old on or by December 1, 2021. Please include a copy of your **child's birth certificate** with the completed application packet.
- Please provide **proof of residency**. (Lease/Rental 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 record 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 Three-Year-Old Expanded Services will be provided at community sites. All sites will follow the same developmentally appropriate curriculum that is designed to prepare children for school 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 Three-Year-Old Expanded Services program, please complete the attached packet.

Please return completed applications to:

Geneva City School District Head Start/UPK

**Attn: Cecilia Rodriguez**

30 West Street

Geneva, NY 14456

**Geneva City School District  
3-year-old half day 2021-2022 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 12/1/2021 \_\_\_\_

**(Child must be 3 on or by 12/1/21 and the child must not turn 4 before 12/1/21)**

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

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**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?

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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: \_\_\_\_\_

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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 have difficulty using utensils?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

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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 alternate choice.**

### **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- Kathy Ryrko 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)
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- 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 Wednesday, May 1, 2019**

Please return to GCSD Head Start/UPK

**Attn: UPK**

30 West Street

Geneva, NY 14456

Signature of Parent/Guardian\_\_\_\_\_ Date\_\_\_\_\_

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

## ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last First Middle

Name of LEA: \_\_\_\_\_

Gender: ☐ Male Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_ ID#: \_\_\_\_\_  
☐ Female (optional) Month Day Year (preschool-12)

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

### Where is the student currently living? (Please check one box.)

- ☐ In a shelter
- ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe): \_\_\_\_\_
- ☐ In permanent housing

\_\_\_\_\_  
Print name of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Signature of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Signature & Date of McKinney-Vento Administrator

If the student is **NOT** living in permanent housing, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.