



JOHNSON CITY CSD UNIVERSAL PRE-KINDERGARTEN (UPK) APPLICATION 2017-2018

PLEASE COMPLETE AND RETURN UPK APPLICATION BY FRIDAY, MAY 12, 2017

TO: UPK/STUDENT SERVICES OFFICE, 666 REYNOLDS RD, JOHNSON CITY, NY 13790

or fax 763-8763

Eligibility Criteria:

- Your child must live in the Johnson City CSD.
- Your child must be four years old on or before **December 1, 2017**. Children eligible for kindergarten in September 2017 are not eligible for UPK.
- With the exception of Head Start classes, parents must provide their own transportation.
- If your child is selected for UPK following the lottery in May, the following documents will be checked at the site your child will attend:
 - Original Copy Birth Certificate
 - Updated Immunization Record
 - Copy of Recent Physical (within 12 months)
 - Proof of Residency
 - Lead and Dental Screening Info
 - Custody Paperwork, if applicable

We would be happy to answer any questions related to Johnson City CSD's UPK program. Please call the Student Services Office at 763-1224.

Program Components:

- Provide an early learning experience for children of eligible families, at no tuition cost.
- The district collaborates with two Johnson City community based agencies – Family Enrichment Network, 24 Cherry St. (723-8313) and HCA Building Blocks Preschool, 18 Broad St. (798-7117).
- Children must attend five days per week. The program follows the 180 day school district calendar.
- To be eligible for a full day Head Start/UPK class, families are required to meet Head Start eligibility criteria.
- **Your child's placement will be determined by lottery held on May 25, 2017.**
- Applications not initially selected will be placed on a waiting list and called if a space becomes available. If your application is accepted, you will receive an acceptance letter by early June.
- If possible, we will try to honor your preference. However, if there is an unequal request for one particular site or class, we will need to balance numbers. The district reserves the right to do so.
- Contingent on state funding, a total of **95** students will be selected for our UPK program.

Child's Name: _____ M ___ F ___ Date of Birth _____

Home Address: _____ Home Phone: _____

_____ Resides with: _____

Mother's Name: _____ Work/Cell Number: _____

Father's Name: _____ Work/Cell Number: _____

Please indicate first and second choice preference by numbering 1 or 2

____ ½ day at HCA: ____ 8:30-11:30 Session or ____ 1:00-4:00 Session

____ ½ day at FEN PM Session only 12:30-4:00

____ Full Day at FEN 7:30-3:00 **** Must meet Head Start eligibility**

Do you own a car? ___Yes ___No

**** Please contact the Family Enrichment Network if you think you may be eligible for their full day Head Start/UPK class by calling 723-8313 ext. 850.**