

Student Name _____, School / Grade _____
Last First

KINGSTON CITY SCHOOL DISTRICT

Cioni Administration Building

Sixty-one Crown Street
Kingston, NY 12401-3879

Dr. Paul J. Padalino
Superintendent of Schools

John J. Voerg
Deputy Superintendent for Teaching & Learning

CHECKLIST FOR Pre-KINDERGARTEN REGISTRATION

The following documents are required for enrolling into the
Kingston City School District

- Birth Certificate, Passport, or Baptismal Certificate**
 - Immunization Record**
Prepared by a physician or authorized person who administers the immunizing agent and shall specify the vaccines given and the dates of administration, proof of past immunizations or proof of pending appointment with physician/medical practice.
 - Custody/Guardian papers:** Necessary if the child does not live with both biological parents
 - Parent or Guardian photo identification:** Driver's License, passport, state id.
 - District Residency**
One of the following residency proofs must be provided:
 - A. Owns home**
 1. Most recent utility bill/tax or mortgage statement – must have name and property/residence address
 - B. Rents home**
 1. Lease agreement, must have name property/residence address
 2. Parent's name must appear on lease
 3. Most recent utility bill – one only (electric, phone, water bill) must have name and property/residence address
 - C. Affidavit of Property Owner/Landlord Form – Must be Notarized**
 1. To be completed by the landlord/property owner, in instances where there is no lease
 2. If you are living with a relative, that person must complete the form and also provide you with a bill (electric, phone, water) showing their name and property/residence address
- ** The following will not be accepted as proof of residency: Driver's License, Checkbook, Rent Receipt, Car Insurance Cards, and Bank Statements.

****CLASSIFIED – YES or NO**



We Inspire. We Educate. We Graduate.
All Students, All of the Time

HALF-DAY UPK APPLICATION (2 ½ HOURS)

TODAY'S DATE: _____ HOME SCHOOL: _____

SCHOOL START DATE: _____

CHILD'S NAME: _____ DOB: _____ Sex: M F

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

MAILING ADDRESS (IF DIFFERENT): _____ E-MAIL _____

PHONE: (h) _____ (w) _____ (mobile) _____

Have you had a child previously attend Pre-K? YES NO If yes, name of Agency _____

Do you feel your child has any special needs? If so, please explain: _____

PLEASE CHECK PREFERRED UPK SITE:

- LITTLE RED SCHOOLHOUSE – LUCAS AVENUE EXTENSION, KINGSTON – 340-8460
- FAIR STREET NURSERY SCHOOL – 209 FAIR STREET, KINGSTON – 331-8220
- HURLEY NURSERY SCHOOL – MAIN STREET, HURLEY – 339-1036

Universal Pre-Kindergarten program is a program which provides curriculum and activities, 5 days/ week, 2 ½ hours/day, which are appropriate to the age-level and individual needs of eligible children and which promote cognitive, linguistic, physical, cultural, emotional, and social development. Activities shall be learner-centered and shall be designed and provided in a way that promotes the child's total growth and development in all areas including emergent English literacy. Children are encouraged to be self-assured and independent.

Eligible children are those who reside within the school district and are four years of age on or before December 1st of the year in which he or she is enrolled or who will otherwise be first eligible to enter public school kindergarten commencing with the following school year. Selection is based on a lottery system.

Transportation is NOT provided and is the responsibility of the parent/caregiver.

Please mail the Pre-K registration (this page) to:

Kingston City School District Attn: Laura Finnigan, Pre-K Office 61 Crown Street Kingston, New York 12401 (845) 943 – 3008 Fax: (845) 339-3099
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After your application is received you will be contacted for an appointment.

Any other Prekindergarten related question please contact Jana Conti (845) 943-3087

KINGSTON CITY SCHOOL DISTRICT PUPIL REGISTRATION FORM

DATE _____ GRADE _____

Student Name _____ Gender _____ Hispanic? Yes No
(Last) (First) (Middle)

Race (choose all that apply): Asian Black Native American/Native Alaskan Pacific Islander White

Date of Birth _____ Place of Birth (city, state) _____ Country (if not US) _____

Custody Papers or Guardian Warnings? No Yes

Explain _____

Pre K Experience Yes NO

Has pupil ever attended school in this district: Yes _____ No _____

If yes, which school _____ Grade(s) _____

Name of last school attended _____ Grades attended in previous school _____

Address of school last attended _____

Phone/Fax (circle one) (if known) _____ If high school: date entered 9th grade _____

For Immigrant Students and ESL (English as a second language) students ONLY

ESL? Yes No

Date of US Entry: _____ Date First Entered School in US _____

These questions address the McKinney-Vento Act 42 U.S.C. 11435. This information helps determine eligibility for services:

1. Is your current address a temporary living arrangement? Yes No If "No" stop here. If "Yes" please continue:
2. Is your temporary living arrangement due to loss of housing or economic hardship? Yes No

Where is the student presently living?

- In a motel In a shelter With more than one family in a house or apartment Moving from place to place
 In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite.

PARENTS/GUARDIANS WITH WHOM CHILD(REN) RESIDE(S)

Home Phone # _____ Unlisted? Yes No Contact Priority _____

Address _____ City _____ State _____ Zip _____

Mailing Address, if different _____

Dominant Home Language _____ ESL YES NO

Resident Type: Lease Own Rent Trailer Park/Condo Unit Unknown

Proof of Residency: Mortgage Statement Property Tax Bill Real Estate Statement Utility Bill

Lease Landlord Verification Form Other _____

INFORMATION TO BE COMPLETED FOR PARENTS/GUARDIANS WHO LIVE IN THE SAME HOUSEHOLD AS THE CHILD(REN):

Parent/Guardian Name _____

(Last)

(First)

(Middle)

Relationship _____ Legal custody? YES NO

Phone1 _____ Phone Type Cell Home Office; Contact Priority ____

Phone2 _____ Phone Type Cell Home Office; Contact Priority ____

Email address _____

Employer's Name _____ Employer's Phone # _____ Priority ____

Employer's Address _____

(City)

(State/Zip)

Currently Serving Active Military Duty YES NO If yes, date enlisted: _____ Date Exited: _____

Parent/Guardian Name _____

(Last)

(First)

(Middle)

Relationship _____ Legal custody? YES NO

Phone1 _____ Phone Type Cell Home Office; Contact Priority ____

Phone2 _____ Phone Type Cell Home Office; Contact Priority ____

Email address _____

Employer's Name _____ Employer's Phone # _____ Priority ____

Employer's Address _____

(City)

(State/Zip)

Currently Serving Active Military Duty YES NO If yes, date enlisted: _____ Date Exited: _____

INFORMATION TO BE COMPLETED FOR A PARENT/GUARDIAN WHO DOES NOT LIVE IN THE SAME HOUSEHOLD AS THE CHILD(REN):

Name _____

(Last)

(First)

(Middle)

Relationship _____

Address _____

Address _____ Correspondence Yes No

(City)

(State/Zip)

Phone1 _____ Phone Type Cell Home Office; Contact Priority ____

Phone2 _____ Phone Type Cell Home Office; Contact Priority ____

Currently Serving Active Military Duty YES NO If yes, date enlisted: _____ Date Exited: _____

EMERGENCY CONTACT INFORMATION—OTHER THAN PARENT/GUARDIAN:

Name _____ Gender _____
(Last) (First) (Middle)

Resides in Same Household Yes No

If different household:

Address _____ City _____ State _____ Zip _____

Phone 1 _____ Phone Type Cell Home Office

Phone 2 _____ Phone Type Cell Home Office

Relationship to the Student _____

Name _____ Gender _____
(Last) (First) (Middle)

Resides in Same Household Yes No

If different household:

Address _____ City _____ State _____ Zip _____

Phone 1 _____ Phone Type Cell Home Office

Phone 2 _____ Phone Type Cell Home Office

Relationship to the Student _____

OTHER CHILDREN WHO RESIDE IN HOUSEHOLD

Children not yet enrolled in school

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Children enrolled in school

Name _____ DOB _____ SCHOOL _____

Name _____ DOB _____ SCHOOL _____

Name _____ DOB _____ SCHOOL _____

Guardian Warnings? No Yes Explain _____

Custody Papers? No Yes Explain _____

Information collected by (name of registrar): _____



**NEW YORK STATE EDUCATION DEPARTMENT
Emergent Multilingual Learners Language Profile for
Prekindergarten Students¹**

*Dear Parent or Guardian,
Thank you for completing the Emergent Multilingual Learners Language Profile. This survey will assist your new school with valuable information about your child's experience with languages. Information gathered will assist Prekindergarten educators in delivering academically and linguistically relevant instruction that strengthens the language and literacy of all students.*

THIS SECTION TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY AND MAINTAINED ON FILE
Date Profile Completed:
Student Name:
Gender:
Date of Birth:
District or Community Based Organization Name:
Student ID (if applicable):
Name of Person Administering Profile:
Title:

Parent or Person in Parental Relation Information

Name of parent or person in parental relation:

Relationship (to student) of person providing information for this profile: mother father other

In what language(s) would you like to receive information from the school? English other home language:

Language in the Home

1. In what language(s) do you (parents or guardians) speak to your child at home?

2. What is/are the primary language(s) of each parent/guardian in your home? (List all that apply.)

3. Is there a caretaker in the home? yes no

If yes, what language(s) does the caretaker speak most frequently?

4. What language(s) does your child understand?

5. In what language(s) does your child speak with other people?

6. Does your child have siblings? yes no

If yes, in what language(s) do the children speak with each other most of the time?

7a. At what age did your child begin to speak in short sentences?

In what language?

7b. At what age did your child begin to speak in full sentences?

In what language?

8. In what language does your child pretend play?

9. How has your child learned English so far (television shows, siblings, childcare, etc.)?

Language Outside the Home/Family

10. Has your child attended any nursery, Head Start or childcare program? yes no

If yes, in what language was the program conducted?

In what language does your child interact with other people in the nursery or childcare setting?

11. How would you describe your child's language use with friends?

Language Goals

12. What are your language goals for your child? For example, do you want child to become proficient in more than one language?

13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual? yes no

14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family?

yes no

If yes, in what language(s)?

Emergent Literacy

15. Does your child have books at home or does he or she read books from the library?

In what language(s) are these books read to him or her?

16a. Can your child name any letters or sounds in English? yes no

16b. Can your child recognize letters or symbols in another language? yes no

If yes, in what language(s)?

17a. Does your child pretend to read? yes no unsure

If yes, in what language(s)?

17b. Does your child pretend to write? yes no unsure

If yes, in what language(s)?

18. Does your child tell the stories from his/her favorite books or videos? yes no

If yes, in what language(s)?

19. Does your child's childcare or nursery program describe goals for his or her learning? yes no

If so, what goals do they describe?

20. Please describe anything special you did to prepare your child to begin Prekindergarten.

¹ For more information contact: the New York State Education Department Office of Early Learning at (518) 474-5807 or email OEL@nysed.gov or the New York State Education Department Office of Bilingual Education and World Languages at (518) 474-8775 or (718) 722-2445 or email OBEWL@nysed.gov.

Kingston City School District

STUDENT HEALTH HISTORY

Name:	DOB:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian: (person completing this form)	Grade:	Home Phone:	Date:
		Cell Phone:	

Has your child ever:	YES	NO	If Yes, please explain and include date:
Had an ongoing medical condition	<input type="checkbox"/>	<input type="checkbox"/>	
Seen a medical specialist	<input type="checkbox"/>	<input type="checkbox"/>	
Had allergies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> food <input type="checkbox"/> environmental <input type="checkbox"/> insect <input type="checkbox"/> medication <input type="checkbox"/> other
Been hospitalized	<input type="checkbox"/>	<input type="checkbox"/>	
Had an operation	<input type="checkbox"/>	<input type="checkbox"/>	
Had an injury requiring an Emergency Room visit	<input type="checkbox"/>	<input type="checkbox"/>	
Missed 5 days of school in a row due to illness/injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a bone/muscle injury	<input type="checkbox"/>	<input type="checkbox"/>	
Passed out, had a concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a convulsion/seizure	<input type="checkbox"/>	<input type="checkbox"/>	
Had a vision problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> glasses <input type="checkbox"/> contacts
Had a hearing problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hearing aid <input type="checkbox"/> cochlear implant
Worn dental bridge, braces or mouthpiece	<input type="checkbox"/>	<input type="checkbox"/>	
Have any family members under the age of 50 ever:	YES	NO	If Yes, please specify:
Had a heart attack	<input type="checkbox"/>	<input type="checkbox"/>	
Had other serious health problems	<input type="checkbox"/>	<input type="checkbox"/>	

CHECK ALL THAT APPLY TO YOUR CHILD:

- | | | |
|--|---|---|
| <input type="checkbox"/> ADHD
<input type="checkbox"/> Asthma/trouble breathing
<input type="checkbox"/> Autism/Asperger
<input type="checkbox"/> Dental Injuries
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Ear Infections | <input type="checkbox"/> GI Conditions (ulcer, reflux, IBS)
<input type="checkbox"/> Headaches/migraines
<input type="checkbox"/> Heart Conditions
<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Mental Health Condition
(depression, eating disorder, | anxiety, OCD, ODD, etc.)
<input type="checkbox"/> Scoliosis
<input type="checkbox"/> Single Organ (<input type="checkbox"/> kidney, <input type="checkbox"/> testicle)
<input type="checkbox"/> Skin Condition
<input type="checkbox"/> Speech Condition
<input type="checkbox"/> Urinary Condition |
|--|---|---|

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s)
Given at school	<input type="checkbox"/>	<input type="checkbox"/>	
Taken at home	<input type="checkbox"/>	<input type="checkbox"/>	
ASSISTIVE EQUIPMENT	YES	NO	Please check all that apply
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> crutches <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> other:
TREATMENTS	YES	NO	
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> insulin/blood glucose monitoring <input type="checkbox"/> inhaler/nebulizer/peak flow monitoring <input type="checkbox"/> special diet

Is there any condition that would prevent your child from participating in physical education or sports?

No Yes: _____

Please list any additional concerns: (use back of sheet if necessary) _____

Parent/Guardian Signature: _____ Date: _____

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AFFIDAVIT OF PROPERTY OWNER/LANDLORD IN SUPPORT OF RESIDENCY IN THE KINGSTON CITY SCHOOL DISTRICT

I, _____ a property owner or manager/agent of the dwelling located at
(Name of Property Owner/Landlord or Property Manager)

(Street Address/Apt #)

(City, State, Zip)

Hereby certify that I am renting space in this dwelling on a _____ basis beginning on _____
(Weekly/monthly/yearly) (Date)

The following persons are identified as tenants having the right to be occupants in the dwelling:

- Parent/Guardian: _____
- Parent/Guardian: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

The payment of Electric Utility Bill is included in rent: Yes: _____ No: _____

I certify that the information provided on this form is true and correct and that the statements made herein are being made under the penalties of perjury, knowing that the Kingston City School District will rely upon them in determining whether the above-named child(ren) reside in the school district.

(Signature of Property Owner/Landlord or Property Manager)

(Print Name)

Sworn to before me on this _____ Day of _____, 20____

(Notary Public)
State of:
County of:

It is the mission of the Kingston City School District to educate, inspire, and graduate students who are excellent in scholarship and character and are empowered to reach their maximum potential as responsible and productive members of society.