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
DATE: _____________________

CHILD’S NAME: _____________________________________________ DOB: _______________ Sex: □ M □ F

PARENTS/GUARDIANS 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:

**FULL DAY 4-YEAR-OLD UPK (5 HOURS)**

- □ MEAGHER PRESCHOOL CENTER, 21 WYNKOOP PLACE, KINGSTON – 943-3008
- □ AUNT JENN’S EARLY LEARNING CENTER – 925 ORLANDO STREET, KINGSTON – 383-1060
- □ LITTLE RED SCHOOLHOUSE – LUCAS AVENUE EXTENSION, KINGSTON – 340-8460
- □ MONTESSORI SCHOOL OF KINGSTON – 243 HURLEY AVENUE, KINGSTON – 331-3311
- □ GEORGE WASHINGTON MONTESSORI SCHOOL– 67 WALL STREET, KINGSTON – 943-3513
- □ YWCA OF ULSTER COUNTY – 209 CLINTON AVENUE, KINGSTON – 338-6844

**HALF DAY 4-YEAR-OLD UPK (2 ½ HOURS)**

- □ FAIR STREET NURSERY SCHOOL – 209 FAIR STREET, KINGSTON – 331-8220
- □ HURLEY NURSERY SCHOOL – MAIN STREET, HURLEY – 339-1036

**FULL DAY 3-YEAR-OLD UPK (5 HOURS)**

- □ GEORGE WASHINGTON MONTESSORI SCHOOL– 67 WALL STREET, KINGSTON – 943-3513

Universal Pre-Kindergarten program is a program which provides curriculum and activities, 5 days/week, Half-day (2 ½ hrs) or Full-day (5 hrs), 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.**

*After you have completed the entire application and compiled all supporting documents, call the Pre-K office to schedule an appointment to register.*

Kingston City School District
Attn: Lisa Resso, Pre-K Office
21 Wynkoop Place
Kingston, New York 12401
(845) 943-3008 Fax: (845) 943-3209
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:__________

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)
Currently Serving Active Military Duty ☐YES ☐NO  If yes, date enlisted:__________Date Exited:__________
EMERGENCY CONTACT INFORMATION—OTHER THAN PARENT/GUARDIAN:

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>(Last)</th>
<th>(First)</th>
<th>(Middle)</th>
<th>Resides in Same Household</th>
<th>Yes</th>
<th>No</th>
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If different household:

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<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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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 |
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If different household:

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<th>City</th>
<th>State</th>
<th>Zip</th>
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</table>

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): ________________________________
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.

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### 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.

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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

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
<th>Age:</th>
<th>Gender:</th>
<th>Parent/Guardian:</th>
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<tbody>
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<td>(person completing this form)</td>
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<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Cell Phone:</th>
<th>Date:</th>
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</table>

Has your child ever:  

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>If Yes, please explain and include date:</th>
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</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐ Food ☐ Environmental ☐ Insect ☐ Medication ☐ Other</td>
</tr>
</tbody>
</table>

- Had an ongoing medical condition
- Seen a medical specialist
- Had allergies: ☐ food ☐ environmental ☐ insect ☐ medication ☐ other
- Been hospitalized
- Had an operation
- Had an injury requiring an Emergency Room visit
- Missed 5 days of school in a row due to illness/injury
- Had a bone/muscle injury
- Passed out, had a concussion or serious head injury
- Had a convulsion/seizure
- Had a vision problem or condition
- Had a hearing problem or condition
- Worn dental bridge, braces or mouthpiece

Have any family members under the age of 50 ever:  

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>If Yes, please specify:</th>
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- Had a heart attack
- Had other serious health problems

CHECK ALL THAT APPLY TO YOUR CHILD:

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

CURRENT MEDICATIONS:  

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Please list name, dose, time(s)</th>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Given at school</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Taken at home</td>
</tr>
</tbody>
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ASSISTIVE EQUIPMENT:  

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Please check all that apply</th>
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<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>Crutches ☐ Walker ☐ Wheelchair ☐ Other:</td>
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TREATMENTS:  

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<tr>
<th>YES</th>
<th>NO</th>
<th>Please list name, dose, time(s)</th>
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<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>Insulin/blood glucose monitoring</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Inhaler/nebulizer/peak flow monitoring</td>
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<td>☐</td>
<td>☐</td>
<td>Special diet</td>
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</tbody>
</table>

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:_________________
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)

__________________________
(Sworn to before me on this Day of __________, 20____)

__________________________
(Print Name)

__________________________
(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.