

CORNWALL CENTRAL SCHOOL DISTRICT

UNIVERSAL PREKINDERGARTEN APPLICATION 2025-2026

Applications give eligible students access to the selection process (*see more below). Please be reminded that completion of this application does not guarantee enrollment for your child in the Cornwall Central School District Universal Prekindergarten Program.

Please complete all required parts of the UPK application. Please make sure that all forms are completely filled out, signed, and dated. **WE CANNOT MAKE PHOTOCOPIES FOR YOU. YOU MUST PROVIDE YOUR OWN COPIES.**

APPLICATION DUE DATE:

**March 10, 2025
3:00 p.m.**

RETURN APPLICATIONS TO:

**Linda Mengersen
District Office Administration Bldg.
24 Idlewild Avenue
Cornwall on Hudson, NY 12520**

(All completed, eligible applications received after March 10, 2025 will automatically be placed at the end of the waiting list.)

Applications must be dropped off at the CCSD District Office Administration building between the hours of 9:00 AM – 3:00 PM. If you have **any** questions about the application or required documentation, please email Superintendent Dade at tdade@cornwallschools.com **BEFORE** bringing your application to the District Office Administration building.

*Selection Process

Applications for UPK will be accepted beginning on February 10, 2025 at noon and ending on March 10, 2025 at 3:00 p.m. As required by the NYS Commissioners' Regulations, a random lottery selection process has been developed for all eligible students. After the application deadline, each eligible application will be numbered and chosen randomly by the Superintendent and/or his designee no later than March 12, 2025. **ALL** applicants will be notified **via email** of the lottery results on the morning of March 13, 2025. Those students selected will be placed at one of the UPK Providers based on selection number and availability of space. If necessary, waiting lists will be created.

Once a student has been selected, a full registration through the Cornwall Central School District will be required; all parents/guardians of students selected will be **emailed** information about the registration process. If selected, parents/guardians will be required to submit all necessary registration documents by May 9, 2025 to finalize their UPK spot.

Please contact Superintendent Dade if you have any questions: tdade@cornwallschools.com

CORNWALL CENTRAL SCHOOL DISTRICT

Prekindergarten Information Form

Student's Last Name	First Name	Middle Initial	Gender
_____	_____	_____	_____
Date of Birth	Phone Number	Birth Place: City/State/Country	
_____	_____	_____	
Residence Address	Mailing Address (if different than residence add.)		
_____	_____		
City / State / Zip Code	City / State / Zip Code (if different than residence)		
_____	_____		

The following information is voluntary and confidential:

Is the student Hispanic, Latino, or of Spanish Origin?

___ YES, Hispanic ___ NO, Non-Hispanic

STUDENT'S PRIMARY LANGUAGE:

RACE (please choose one or more):

___ American Indian or Alaskan Native

___ Asian

___ Black or African American

___ Native Hawaiian or Other Pacific

___ White (Caucasian)

Parent/Guardian 1 Full Name: _____

Address: _____

Home/Cell Phone: _____

Work Phone: _____

Print Email Address **Legibly** Below: (all UPK correspondence will be emailed)

Email: _____

Parent/Guardian 2 Full Name: _____

Address: _____

Home/Cell Phone: _____

Work Phone: _____

Email: _____

STUDENT'S EDUCATIONAL BACKGROUND

Has your child previously attended a preschool or nursery school program? (This does NOT include daycare)

___ YES ___ NO

If yes, please indicate DATES: _____ and HOURS PER WEEK: _____

Name and address of School/Program: _____

STUDENT'S SPECIAL PROGRAMS

Has your child received: ___ Counseling ___ Occupational Therapy ___ Early Intervention Services
___ Speech ___ Physical Therapy ___ Other (Explain) _____

Comments or Requests: _____

SIBLINGS / OTHER CHILDREN LIVING AT SAME ADDRESS

Name	Gender	Birth Date	Grade	Present School

I declare under penalty of perjury, under the laws of the State of New York, that all statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in this application are subject to investigation.

Parent/Legal Guardian Signature

Date

CORNWALL CENTRAL SCHOOL DISTRICT

UPK Provider Selection Sheet

Student Name _____, _____
Last Name First Name

Instructions: Below is a list of UPK provider choices for the 2025-2026 Universal Pre-kindergarten Program. Please mark you choices as follows - #1 will indicate your first choice, #2 your second choice, #3 your third choice, and #4 your fourth choice.

Please Indicate Your 1st, 2nd, 3rd, and 4th Choices

Ark of Learning 1641 Route 32 Highland Mills, NY 10930	_____
Butterhill Day School 336 Hudson Street Cornwall on Hudson, NY 12520	_____
Sportsplex 2902 Route 9W New Windsor, NY 12553	_____
Windsor Academy 271 Quassaick Avenue New Windsor, NY 12553	_____

Please be reminded that there is no guarantee of first choices being granted. Choices will be granted based upon lottery selection number and availability of spaces.

Parent/Legal Guardian Signature

Date