

# CORNWALL CENTRAL SCHOOL DISTRICT

## UNIVERSAL PREKINDERGARTEN APPLICATION 2024-2025

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 4, 2024  
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 4, 2024 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](mailto:tdade@cornwallschools.com) **BEFORE** bringing your application to the District Office Administration building.

**\*Selection Process**

Applications for UPK will be accepted beginning on February 5, 2024 at noon and ending on March 4, 2024 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 7, 2024. **ALL** applicants will be notified **via email** of the lottery results on the morning of March 8, 2024. 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 5, 2024 to finalize their UPK spot.

**Please contact Superintendent Dade if you have any questions: [tdade@cornwallschools.com](mailto: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 2024-2025 Universal Pre-kindergarten Program. Please mark your 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 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> 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