



Pre-K & Student Programs Office
Utica City School District
929 York Street
Utica, New York 13502

Register for Pre-K NOW!



January 2021

Dear Parent/Guardian(s):

Attached is the Universal Prekindergarten information packet for the 2021-2022 school year. Please read it carefully, complete all of the information, and call for an appointment to register at the UPK Community Agency (site). Applications can be requested at 315-792-2216, at a participating UPK Community Agency or at uticaschools.org

The Universal Prekindergarten Program is a free program only for children who will be four years old by December 1, 2021, and are residents of the Utica City School District. The program provides children with **2½ hours of instruction, 5 days a week for the entire school year**. Prekindergarten is also available for children at **First Nursery – Columbus & Conkling Elementary Schools and Head Start – Hughes, Kernan & Martin Luther King Elementary Schools**. If more applications are received than seats are available a lottery will be held on August 6, 2021. There are **NO FEES** for eligible children to participate in Universal Prekindergarten.

All Universal Prekindergarten classes are offered in partnership with community agencies in Utica. Attached is a list of agencies that offer the UPK program. You may choose to send your child to any of these agencies. Your first choice will be honored if space allows. Please register early since slots will be filled at each site as registrations are received. **Applications for UPK at Head Start will be completed at Head Start (Mohawk Valley Community Action Agency), contact 315-624-9930 to make an appointment.**

Childcare services beyond the Universal Prekindergarten program hours are available at many of the UPK sites. Parents/guardians are responsible for any childcare costs.
If you have questions, please call the Utica Universal Prekindergarten Office at 315-792-2216.

Complete the attached registration packet and submit it with the required documents listed below:

- Universal Prekindergarten Registration Form (attached)
- Home Language Questionnaire (attached)
- Student Racial and Ethnic Identification Form (SREI attached)
- Physical History Form (attached)
- Current Report of Physical History Exam, signed by a doctor
- Birth Certificate
- Immunization Records with required shots
- Current Proof of Residency - (National Grid, water, cable, telephone landline bill, TANF Budget Sheet or SSI Award Letter), lease/deed, Utica tax bill, paystub and *etc..(*Please call the UPK office regarding any questions).

Sincerely,

Alicia M. Mroz

Alicia M. Mroz
Administrator for Pre-K & Student Programs



2021-2022 Utica Universal Pre-Kindergarten

Partner Agencies

There are no fees for participation in the UPK program. Agencies operate independently of the Utica City School District and may provide other services, such as child care, for a fee. *UPK sites may vary each year.

<i>Agency Information</i>		<i>UPK Hours</i>	<i>Child Care Available</i>	<i>Busing Available</i>
First Nursery School Director: Nadean Gleitsmann 315-797-6523	1605 Genesee St.	AM: 9:00-11:30 and PM: 12:30-3:00	No	No
	Columbus Elementary - 934 Armory Dr.	AM: 8:30-11:00 and PM: 12:00-2:30	No	No
	Conkling Elementary - 1115 Mohawk St.	AM: 8:45-11:15 and PM: 12:15-2:45	No	No
Head Start Mohawk Valley Community Action Agency 315-624-9930 - <u>Ask for UPK Registration</u> Assistant Director of Child Development: Michelle Kelley	*Income eligibility applies Hughes -24 Prospect St. Kernan - 929 York St. ML King-211 Square St. Calvary, 308 South St. 1110 Ney Ave	AM: 8:30-11:00	Yes At no cost. (6 hrs. per day).	No
Neighborhood Center Director: Patrice VanNortwick Assistant Director: Sabrina Lamie Receptionist: 315-272-2760	624 Elizabeth St.	AM: 8:30-11:00 and PM: 12:30-3:00	Yes	No
New Discoveries Upstate Cerebral Palsy Director: Jennifer Hummel Judi Locash: 315-927-2430	1601 Armory Dr., Bldg. A	AM only: 9:00-11:30	Yes	No
North Utica Senior & Pre-K Center Director: Patrice VanNortwick Assistant Director: Sabrina Lamie 315-724-2430/ fax:315-724-2431	50 Riverside Dr.	AM: 8:30-11:00 and PM: 12:30-3:00	No	No
Notre Dame Elementary Director: Carol Polito 315-732-4374	11 Barton Ave.	AM: 8:00-10:30 PM: 12:00-2:30	Yes	No
Thea Bowman House Director: Jane Domingue Site Supervisor: Sandra Wright 315-735-6995, Parent Advocates: Diane Greene 315-724-6388 NiNi Lwin(Burmese), Janary Steele (Karen), Grace Sunday (Arabic)	309 Genesee St.	AM: 9:30-12:00 and PM: 12:45-3:15	Yes	Yes



2021-2022 Utica Universal Prekindergarten Program
Utica City School District
929 York Street
Utica, New York 13502

Child's Name _____ *Circle one*
AM or PM

Please read, check & number your 3 PreK site choices. 1 being the first site preferred.
 (See attached list of eligible agencies for program details).

<input type="checkbox"/> First Nursery @ Genesee St. <i>1605 Genesee St.</i>	<input type="checkbox"/> Neighborhood Center <i>624 Elizabeth St.</i>
<input type="checkbox"/> First Nursery @ Columbus <i>934 Armory Dr.</i>	<input type="checkbox"/> New Discoveries – UCP <i>1601 Armory Dr. - Building A</i>
<input type="checkbox"/> First Nursery @ Conkling <i>1115 Mohawk St.</i>	<input type="checkbox"/> North Utica Community Center <i>50 Riverside Dr.</i>
<input type="checkbox"/> Head Start <i>Income eligibility applies.</i> Locations include: <i>Hughes, Kernan & MLK, Calvary – 308 South St. and Ney Ave - 1110 Ney Ave</i>	<input type="checkbox"/> Notre Dame <i>11 Barton Ave</i>
	<input type="checkbox"/> Thea Bowman House <i>309 Genesee St.</i>

RESIDENCY

*** I affirm that my child is currently a resident of the Utica City School District. If I move to another address within Utica during the school year, I will provide an updated proof of address within 30 days. I understand that if I move out of the school district my child/children are no longer eligible to attend Utica Universal Prekindergarten.**

ATTENDANCE

**** I understand that my child must attend all Universal Prekindergarten classes unless I provide a valid legal written excuse.**

Parent/Guardian

Signature _____ Date _____



Utica City School District

FORM
SREI

STUDENT RACIAL AND ETHNIC IDENTIFICATION

To the Parent/Guardian: The Utica City School District has adopted a policy which requires the collection and recording of the ethnic identity of students in the Utica City School District in accordance with the federal categories and definitions. The information will be used to :

- ❖ Report information to the State and Federal Education Departments.
- ❖ Plan educational programs and make sure that they are readily available to all students.
- ❖ Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the back of this page. Put a (✓) in the box for the category or categories which best describe your child. The Utica City School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

CONFIDENTIALITY PROCEDURES AND REGULATIONS

To School Staff: This form will be filed in the student's permanent record as confidential information.

To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

Please complete the form attached to this page.



Utica City School District

FORM
SREI

STUDENT RACIAL AND ETHNIC IDENTIFICATION

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Name of Student: _____

Date of Birth (Month/Day/Year):
/ /

School Student will be Attending: _____

DIRECTIONS TO PARENTS/GUARDIANS

PLEASE ANSWER BOTH QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) Check (✓) the box that best describes your child.] Check (✓) only ONE box.

1. **Is the student Hispanic, Latino, or of Spanish origin?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

- Yes, Hispanic
 No, not Hispanic

2. **Select one or more races from the following five racial groups** [For question (2) Check (✓) all groups that apply to your child; **You must check (✓) at least ONE box regardless of your answer to question 1.**]

- AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment,
- ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.
- WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Signature of Parent/Guardian/Other

Date

Relationship to Student (please check one box below):

- Mother Father Guardian Other (Specify) _____

STUDENT RESIDENCY QUESTIONNAIRE

NOTE TO SCHOOLS: **Please assist students and families fill out this form.** Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the **student is not required to submit proof of residency** and other required documents that may be part of the registration packet.

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Female Date of Birth: _____ / _____ / _____ Grade: _____
Month Day Year (preschool-12)

Current Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter (one night at a time)
- In transitional housing (shelter for longer periods of time)
- "Doubled-Up" – living with relatives, another family, or other people because of loss of housing or as a result of economic hardship
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____

- Permanently housed (not eligible for McKinney Vento services)

Is the student an "unaccompanied youth" (not living with a parent or guardian)? _____

Print name of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Date

If the student is **NOT** living in permanent housing, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled.** The district's LEA liaison is required to assist the student in obtaining any necessary documents, including immunization or school records after the student has been enrolled.

NOTE TO SCHOOL: If the student is **NOT** living in permanent housing, please ensure that a STAC-202 form is completed and sent to Pre-K & Student Programs. Safe Schools coordinators are available to assist with this procedure. Send all documentation related to the student's temporary housing situation to Pre-K & Student Programs. Do **NOT** retain copies of these forms in the student's permanent file.



UPK - Utica City School District Physical History

Child's Last Name, First Name

Date of Birth

Place of Birth

Parents' Names

Place of Employment

Tel. No. Home/Work

PHYSICAL HISTORY: What diseases or conditions has your child had? (Give dates.)

Chickenpox _____

Rheumatic Fever _____

Throat Infection _____

Scarlet Fever _____

Diabetes _____

Heart Disease _____

Pneumonia _____

Ear Infection _____

Epilepsy _____

Other _____

Does your child have allergies, asthma?

Yes

No

If yes, what is your child allergic to? _____

Does your child take medication?

Yes

No

If yes, give name of medication, dosage and for what condition:

Has your child ever had an accident, operation or x-rays?

Yes

No

Explain: _____

Does your child have any limitation that the school should know of?

Yes

No

Explain: _____

Is your child toilet trained?

Yes

No

Is there anything about the eyes, ears, teeth or general health of your child that the school should know of?

Yes

No

Explain: _____

EMERGENCY CARE: In case of an emergency, we will contact you immediately at the phone number provided above. If it is not possible to reach you, please state below what action you wish the school to take and the name of your preferred hospital.

NAME & TELEPHONE OF CHILD'S DOCTOR: _____

NAME & TELEPHONE OF EMERGENCY CONTACT: _____

NAME OF HOSPITAL EMERGENCY ROOM: _____

DATE

SIGNATURE OF PARENT/GUARDIAN



2021-2022 UTICA CITY SCHOOL DISTRICT

PHOTO/VIDEO RELEASE FORM

Dear Parent/Guardian:

Many times we document and present student work in the building which highlights the Universal Pre-K Program and other exemplary programs on Time Warner Channel 3 and other district multi media. (i.e.: website, newsletters, calendars, etc.)

We, therefore, request that you sign the permission slip below. We will keep it on file in the office as a record that you are aware of our need to share student lessons and presentations through public broadcasting, broadcasting in school, videotaping and still photo collections. It also may include pictures/films of students for the news media (television/newspaper).

I hereby give my permission for the Utica City School District to use the image and reresentations of my child in school related activities including filming, photography and presentation purposes.

Child's UPK Agency _____

Parent/Guardian (PRINT)

Parent/Guardian (SIGNATURE)

Student's Name (PRINT)

Grade

Homeroom Teacher

Date

I DO NOT GIVE PERMISSION *to have my child shown on a video, film, or TV program.*

Please sign below and return to your teacher.

Parent/Guardian (PRINT)

Parent/Guardian (SIGNATURE)

Student's Name (PRINT)

Grade

Homeroom Teacher

Date

STUDENT PHOTO/VIDEO RELEASE



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: <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> other _____ In what language(s) would you like to receive information from the school? <input type="checkbox"/> English <input type="checkbox"/> 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? <input type="checkbox"/> yes <input type="checkbox"/> 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? <input type="checkbox"/> yes <input type="checkbox"/> 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.

HEALTH CERTIFICATE / APPRAISAL FORM

Name: _____ Date of Birth: _____
 School: _____ Gender: M F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached
 No immunizations given today
 Immunizations given since last Health Appraisal:

Sickle Cell Screen: Positive Negative Not done Date: _____
 PPD: Positive Negative Not done Date: _____
 Elevated Lead: Yes No Not done Date: _____
 Dental Referral Yes No Not done Date: _____

Significant Medical/Surgical History: See attached _____

Allergies: LIFE THREATENING Food: _____ Insect: _____ Other: _____
 Seasonal Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Date of Exam: _____

Body Mass Index: _____	Vision - without glasses/contact lenses	R	L	<i>Referral</i>
Weight Status Category (BMI Percentile):	Vision - with glasses/contact lenses	R	L	
<input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th	Vision - Near Point	R	L	
<input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: Negative Positive: _____

Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Medications (list all): None Additional medications listed on reverse of form

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

If AM dose is missed at home: _____

I assess this student to be self-directed Yes No Student may self carry and self administer medication Yes No
 Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:
 ___ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.
 ___ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

Specify medical accommodations needed for school: _____ None

Known or suspected disability: _____ Please monitor

Restrictions: _____ Please monitor

Protective equipment required: Athletic Cup Sport goggles/impact resistant eyewear Other: _____

OPTIONAL INFORMATION, if known

Specify current diseases: Asthma Diabetes: Type 1 Type 2 Hyperlipidemia Hypertension
 Other: _____

Provider's Signature: _____ Phone: _____ (Stamp below)

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____

AREA OR SYSTEM	ABNORMAL FINDINGS
Eyes	
Ears, Nose, Throat	
Mouth, Teeth	
Thyroid	
Lymph Nodes	
Skin	
Chest, Lungs	
Heart	
Abdomen	
Genitalia (Tanner) <input type="checkbox"/> Refuse <input type="checkbox"/> Student states both testicles down, no masses	
Musculoskeletal	
Neck, Spine, Posture	
Shoulders	
Arms, Elbows, Hands	
Hips, Thighs	
Ankles, Feet	
ROM, Strength	
Knees	

Smoke: _____ ETOH: _____ Drug: _____

CP, SOB or dizzy with ex: _____

Concussion: _____ Mono: _____

Family History Early Cardiac: _____

Joint or Muscle Problem: _____

Referrals/Recommendation: _____
