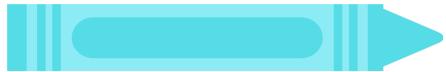


# Universal Pre-Kindergarten (UPK) Program



## Eligibility criteria:



- In order for your child to attend the UPK program for the 2025-2026 school year, your child must be **four years old on or before December 1, 2025**. Please include proof of the age of your child with the completed application.
- Your child must have all of the appropriate immunizations required to enter school.
- A lead screening is required to enter Pre-Kindergarten in New York State (this should be completed by the child's pediatrician by age 1).
- Your child must have a completed physical examination by his or her pediatrician by October 2025.

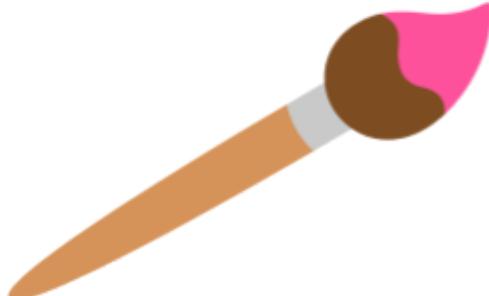
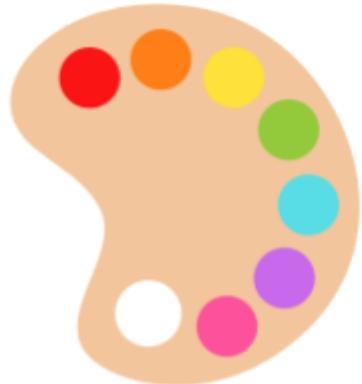
Completed applications **must be received no later than April 30, 2025** to enroll in the September 2025 class.

Before being accepted into the UPK program, **a preschool screening is required**. In completing and submitting this application, you agree to attend a screening with your child to be scheduled on one of the following dates: July 28, 29, 30, or 31. Students will not be placed in a classroom without having been screened. Screening appointments will be communicated to families in June.

## Application Directions ~ Please:

- Complete all pages of the application**
- Attach proof of age of the child** (copy of the child's birth certificate, or other acceptable proof of age, such as a baptismal record or a passport)
- Attach proof of residency** (for example, copy of lease or deed, pay stub or utility bill in your name which includes your address)
- Attach copy of custody papers** (if applicable)
- Deliver completed application and accompanying materials to:**

John F. Kennedy Elementary School  
Attn: Mrs. Christina Frank  
801-809 Park Street  
Ogdensburg, NY 13669



# **OGDENSBURG CITY SCHOOL DISTRICT**

## Universal Pre-Kindergarten (UPK) Program Application

***Please complete the following information about your child:***

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Sex: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Child's Primary Address: \_\_\_\_\_

*(Please note post office box not accepted)*

### ***Family Members and Work Information:***

Parent 1 Name: \_\_\_\_\_

Parent 1 Home Phone: \_\_\_\_\_ Parent 1 Phone: \_\_\_\_\_

Parent 1 Primary Address: \_\_\_\_\_ Parent 1 Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

Parent 2 Home Phone: \_\_\_\_\_ Parent 2 Cell Phone: \_\_\_\_\_ Parent 2 Primary Address: \_\_\_\_\_

Parent 2 Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

***Please provide details about other child(ren) living in the household:***

Name	Age	Date of Birth	Current School	Current Grade

### ***Child's Legal Guardian (if different from above)***

Legal Guardian's Name: \_\_\_\_\_

Legal Guardian's Home Phone: \_\_\_\_\_ Legal Guardian's Cell Phone: \_\_\_\_\_

Legal Guardian's Primary Address: \_\_\_\_\_

Legal Guardian's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

For the 2025-2026 school year, the district is considering both a **full day** (8:05 am - 2:50 pm) and **half day morning** (8:05 - 10:50 am) or **half day afternoon** (12:05 - 2:50 pm) option, with classes at both John F. Kennedy Elementary School and Grant C. Madill Elementary School. Enrollment will be determined by lottery, but receiving your input is helpful in program planning.

**Below please indicate the program option(s) you would be interested in order of preference, with 1 being most preferred (1-3):**

**Full day** (8:05 am - 2:50 pm)  
 **Half day AM** (8:05 am - 10:50 am)  
 **Half day PM** (12:05 pm - 2:50 pm)

***To help us understand your child better, tell us about your child:***

- 1.) What does your child like and dislike (playing with toys, reading books, watching television, playing outdoors, etc.)? For about how long does your child stick with any given activity?
- 2.) How does your child react to not getting his/her own way? What do you find works best for discipline?
- 3.) Is your child currently seen by a physician? Does your child have any allergies or take medication?
- 4.) Do you have any concerns regarding your child's health or development (for example, speech, vision, hearing, or disabling condition)? If yes, please explain.

- 5.) Is your child toilet trained?
  
  
  
  
  
  
  
  
  
- 6.) Does your child currently receive any specialized services (for example, speech, occupational therapy, physical therapy, SEIT)?
  
  
  
  
  
  
  
  
  
- 7.) Has your child had any prior school experience (for example, Head Start, Small Fry Academy)?
  
  
  
  
  
  
  
  
  
- 8.) Please tell us a bit about how your child gets along with siblings, if applicable.
  
  
  
  
  
  
  
  
  
- 9.) Please tell us a bit about your child's self-help skills.
  
  
  
  
  
  
  
  
  
- 10.) Please tell us a bit about your child's eating habits.

***To be completed by the parent or legal guardian***

I \_\_\_\_\_ (parent or legal guardian) have completed a Universal Pre-Kindergarten application for my child, \_\_\_\_\_ (child's name), and understand that enrollment in the program is limited. Program selection is made using a lottery system for all applications received by the application deadline (April 30, 2025). Once enrollment has been determined, additional applications are numbered and entered on a waitlist. In the event that my child is selected to enroll, I agree to complete all necessary medical and dental requirements for my child to attend the Universal Pre-Kindergarten program beginning September 1, 2025. I also agree to attend a preschool screening with my child, to be scheduled on either July 28, 29, 30 or 31, 2025, with appointment dates and times being shared with families in June 2025.

I certify that I have read and completed the attached application, and to the best of my knowledge the information it contains is true and correct.

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_