

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.

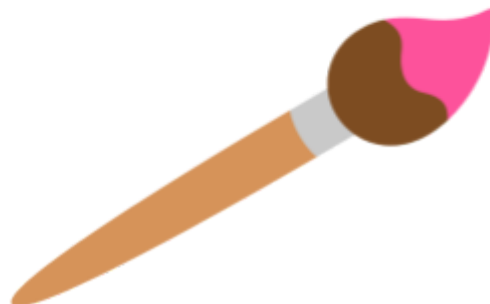
Completed applications ***must be received no later than April 30, 2025***
to enroll in the September 2025 class.

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:

<i>Name</i>	<i>Age</i>	<i>Date of Birth</i>	<i>Current School</i>	<i>Current Grade</i>

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: _____