

Olean Pre-K Registration 2018-19

Registration Forms are due by Friday, April 13, 2018.

Registrations received after this date will continue to be accepted on a first come, first serve basis.

Child Registration and Family Information

Child's Last Name	Child's First Name	Birthdate / /	___ male ___ female
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Mother/Guardian Name		Father/Guardian Name	
Child's Street Address		City	Zip
Child's Mailing Address		City	Zip
Phone	Type (circle)	Phone Number	Email (optional)
1	Home Cell Work Message		
2	Home Cell Work Message		

Brothers & Sisters	Grade	School	Birth Date

Child resides with:

Both parents Grandparents
 Father only Foster parents
 Mother only Step parents
 Other (Specify) _____

Has your child had any preschool experience before? Yes No

Name of the program attended: _____

Do you have any concerns about your child? Yes No (If yes, mark in which areas you have concerns below)

Speech/language Impairment Developmental Delay Vision Impairment Behavior
 Hearing Impairment Physical Impairment Health Impairment Social/Emotional
 Other: _____

Specialist/Clinic/School District working with my child: _____

Please name any agencies that have or are currently working with your family (optional): _____

Office Use Only

RESIDENCY INFORMATION:

To assist in preparing enrollment paperwork, we ask the following information on your residency:

Do you currently:

<input type="checkbox"/>	Rent home/apartment
<input type="checkbox"/>	Own home
<input type="checkbox"/>	Share housing with another family
<input type="checkbox"/>	Other: _____

PROGRAM LOCATION:

	<p>Universal Pre-Kindergarten</p> <p><i>Please mark your neighborhood school. Add additional information if desired.</i></p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>East View Elementary</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Washington West Elementary</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Not sure</td> </tr> </table>	<input type="checkbox"/>	East View Elementary	<input type="checkbox"/>	Washington West Elementary	<input type="checkbox"/>	Not sure
<input type="checkbox"/>	East View Elementary						
<input type="checkbox"/>	Washington West Elementary						
<input type="checkbox"/>	Not sure						
	<p>Project Head Start</p> <p><i>Classrooms are located in each elementary school and at the Olean Head Start Center on Elm Street.</i></p>						

I (We) certify that the above information is true and correct.

I (We) understand that I need to submit proof of **CHILD'S BIRTH DATE, PHYSICAL, IMMUNIZATIONS, and RESIDENCY** upon request.

I (We) further understand this application does not guarantee that my child will be enrolled in any preschool program.

I (We) give permission to Olean City Schools to share this registration form with the programs indicated above.

I (We) understand and consent to a developmental screening conducted by the school district.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Please return this registration form to:
 Jen Mahar, Pre-K Coordinator
 Olean Community Schools
 Olean City School District
 410 West Sullivan Street
 Olean, New York 14760

Please contact us with any questions:
 Phone: (716) 375-8039
 Fax: (716) 375-8915
 Email: jmahar3@olean.wnyric.org

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