

# Olean Pre-K Registration 2021-22

Registration Forms are due by Thursday, April 1, 2021.

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 (mm/dd/yyyy)	male	female
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Mother/Guardian Name		Father/Guardian Name		
Child's Street Address		City	Zip	
Child's Mailing Address (if different, or type "same")		City	Zip	
Phone	Type	Phone Number	Email Address	
1				
2				

Brothers & Sisters	Grade for 21-22	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): \_\_\_\_\_

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*Office Use Only*

Over Please →

**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> <td rowspan="3" style="text-align: center; vertical-align: middle;">↓</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> <div style="border: 1px solid black; width: 300px; height: 20px; margin-left: 100px;"></div>	<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) understand that the program specifics may change due to funding, COVID-19 requirements, or other factors.

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: [jmahar@oleanschools.org](mailto:jmahar@oleanschools.org)

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