

Olean Pre-K Registration 2024-25

Registration Forms are due by Friday, April 12th.
 Registrations received after this date will be accepted based on availability.

Child Registration and Family Information

Child's Last Name	Child's First Name	Birthdate (mm/dd/yyyy)	male	female
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Parent/Guardian Name		Parent/Guardian Name		
Child's Street Address		City	Zip	
Child's Mailing Address (if different, or type "same")		City	Zip	
Phone	Contact Name	Phone Number	Email Address	
1				
2				

Brothers & Sisters	Grade for 23-24	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> <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:

Jacki Falk, Central Registrar
 Olean Community Schools
 Olean City School District
 410 West Sullivan Street
 Olean, New York 14760

Please contact us with any questions:

Jen Mahar, Director of Special Projects
 Phone: (716) 375-8039
 Fax: (716) 375-8915
 Email: jmahar@oleanschools.org

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