

Student Name \_\_\_\_\_, School / Grade \_\_\_\_\_  
Last First

# KINGSTON CITY SCHOOL DISTRICT

Cioni Administration Building

Sixty-one Crown Street  
Kingston, NY 12401-3879

**Dr. Paul J. Padalino**  
Superintendent of Schools

**John J. Voerg**  
Deputy Superintendent for Teaching & Learning

## CHECKLIST FOR Pre-KINDERGARTEN REGISTRATION

The following documents are required for enrolling into the  
Kingston City School District

- Birth Certificate, Passport, or Baptismal Certificate**
  - Immunization Record**  
Prepared by a physician or authorized person who administers the immunizing agent and shall specify the vaccines given and the dates of administration, proof of past immunizations or proof of pending appointment with physician/medical practice.
  - Custody/Guardian papers:** Necessary if the child does not live with both biological parents
  - Parent or Guardian photo identification:** Driver's License, passport, state id.
  - District Residency**  
One of the following residency proofs must be provided:
    - A. Owns home**
      1. Most recent utility bill/tax or mortgage statement – must have name and property/residence address
    - B. Rents home**
      1. Lease agreement, must have name property/residence address
      2. Parent's name must appear on lease
      3. Most recent utility bill – one only (electric, phone, water bill) must have name and property/residence address
    - C. Affidavit of Property Owner/Landlord Form – Must be Notarized**
      1. To be completed by the landlord/property owner, in instances where there is no lease
      2. If you are living with a relative, that person must complete the form and also provide you with a bill (electric, phone, water) showing their name and property/residence address
- \*\* The following will not be accepted as proof of residency: Driver's License, Checkbook, Rent Receipt, Car Insurance Cards, and Bank Statements.

**\*\*CLASSIFIED – YES or NO**



We Inspire. We Educate. We Graduate.
All Students. All of the Time

FULL DAY UPK APPLICATION (5 HOURS)

TODAY'S DATE: HOME SCHOOL:

SCHOOL START DATE:

CHILD'S NAME: DOB: Sex: M F

PARENT/GUARDIAN NAME:

ADDRESS: CITY: ZIP:

MAILING ADDRESS (IF DIFFERENT): E-MAIL

PHONE: (h) (w) (mobile)

Have you had a child previously attend Pre-K? YES NO If yes, name of Agency

Do you feel your child has any special needs? If so, please explain:

PLEASE CHECK PREFERRED UPK SITE:

- HARRY L. EDSON ELEMENTARY - 116 MERILINA AVE., KINGSTON- 338-6990 (ONLY AVAILABLE JANUARY 2019- JUNE 2019)
This classroom will move to MEAGHER LOCATION as of SEPTEMBER 2019
MEAGHER PRESCHOOL CENTER - 21 WYNKOOP PLACE, KINGSTON - 943-3087
LITTLE RED SCHOOLHOUSE - LUCAS AVENUE EXTENSION, KINGSTON - 340-8460
MONTESSORI SCHOOL OF KINGSTON - 243 HURLEY AVENUE, KINGSTON - 331-3311
GEORGE WASHINGTON SCHOOL MONTESSORI CHILDREN'S HOUSE - 67 WALL STREET, KINGSTON - 943-3513
YWCA OF ULSTER COUNTY - 209 CLINTON AVENUE, KINGSTON - 338-6844
AUNT JENN'S EARLY LEARNING CENTER - 925 ORLANDO STREET, KINGSTON - 383-1060

Universal Pre-Kindergarten program is a program which provides curriculum and activities, 5 days/ week, 5 hours/day, which are appropriate to the age-level and individual needs of eligible children and which promote cognitive, linguistic, physical, cultural, emotional, and social development.

Eligible children are those who reside within the school district and are four years of age on or before December 1st of the year in which he or she is enrolled or who will otherwise be first eligible to enter public school kindergarten commencing with the following school year. Selection is based on a lottery system.

Transportation is NOT provided and is the responsibility of the parent/caregiver.

Please mail the Pre-K registration (this page) to: Kingston City School District
Attn: Laura Finnigan, Pre-K Office
61 Crown Street
Kingston, New York 12401
(845) 943 - 3008 Fax: (845) 339-3099

After your application is received you will be contacted for an appointment. Any other Prekindergarten related question please contact Jana Conti (845) 943-3087

**KINGSTON CITY SCHOOL DISTRICT PUPIL REGISTRATION FORM**

DATE \_\_\_\_\_ GRADE \_\_\_\_\_

Student Name \_\_\_\_\_ Gender \_\_\_\_\_ Hispanic?  Yes  No  
(Last) (First) (Middle)

Race (choose all that apply):  Asian  Black  Native American/Native Alaskan  Pacific Islander  White

Date of Birth \_\_\_\_\_ Place of Birth (city, state) \_\_\_\_\_ Country (if not US) \_\_\_\_\_

**Custody Papers or Guardian Warnings?**  No  Yes

Explain \_\_\_\_\_

Pre K Experience  Yes  NO

Has pupil ever attended school in this district: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which school \_\_\_\_\_ Grade(s) \_\_\_\_\_

Name of last school attended \_\_\_\_\_ Grades attended in previous school \_\_\_\_\_

Address of school last attended \_\_\_\_\_

Phone/Fax (circle one) (if known) \_\_\_\_\_ If high school: date entered 9<sup>th</sup> grade \_\_\_\_\_

**For Immigrant Students and ESL (English as a second language) students ONLY**

ESL?  Yes  No

Date of US Entry: \_\_\_\_\_ Date First Entered School in US \_\_\_\_\_

These questions address the McKinney-Vento Act 42 U.S.C. 11435. This information helps determine eligibility for services:

1. Is your current address a temporary living arrangement?  Yes  No If "No" stop here. If "Yes" please continue:
2. Is your temporary living arrangement due to loss of housing or economic hardship?  Yes  No

Where is the student presently living?

- In a motel  In a shelter  With more than one family in a house or apartment  Moving from place to place  
 In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite.

**PARENTS/GUARDIANS WITH WHOM CHILD(REN) RESIDE(S)**

Home Phone # \_\_\_\_\_ Unlisted?  Yes  No Contact Priority \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address, if different \_\_\_\_\_

Dominant Home Language \_\_\_\_\_ ESL  YES  NO

Resident Type:  Lease  Own  Rent  Trailer Park/Condo Unit  Unknown

Proof of Residency:  Mortgage Statement  Property Tax Bill  Real Estate Statement  Utility Bill

Lease  Landlord Verification Form  Other \_\_\_\_\_

**INFORMATION TO BE COMPLETED FOR PARENTS/GUARDIANS WHO LIVE IN THE SAME HOUSEHOLD AS THE CHILD(REN):**

Parent/Guardian Name \_\_\_\_\_

(Last)

(First)

(Middle)

Relationship \_\_\_\_\_ Legal custody?  YES  NO

Phone1 \_\_\_\_\_ Phone Type  Cell  Home  Office; Contact Priority \_\_\_\_

Phone2 \_\_\_\_\_ Phone Type  Cell  Home  Office; Contact Priority \_\_\_\_

Email address \_\_\_\_\_

Employer's Name \_\_\_\_\_ Employer's Phone # \_\_\_\_\_ Priority \_\_\_\_

Employer's Address \_\_\_\_\_

(City)

(State/Zip)

Currently Serving Active Military Duty  YES  NO If yes, date enlisted: \_\_\_\_\_ Date Exited: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

(Last)

(First)

(Middle)

Relationship \_\_\_\_\_ Legal custody?  YES  NO

Phone1 \_\_\_\_\_ Phone Type  Cell  Home  Office; Contact Priority \_\_\_\_

Phone2 \_\_\_\_\_ Phone Type  Cell  Home  Office; Contact Priority \_\_\_\_

Email address \_\_\_\_\_

Employer's Name \_\_\_\_\_ Employer's Phone # \_\_\_\_\_ Priority \_\_\_\_

Employer's Address \_\_\_\_\_

(City)

(State/Zip)

Currently Serving Active Military Duty  YES  NO If yes, date enlisted: \_\_\_\_\_ Date Exited: \_\_\_\_\_

**INFORMATION TO BE COMPLETED FOR A PARENT/GUARDIAN WHO DOES NOT LIVE IN THE SAME HOUSEHOLD AS THE CHILD(REN):**

Name \_\_\_\_\_

(Last)

(First)

(Middle)

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_ Correspondence  Yes  No

(City)

( State/Zip)

Phone1 \_\_\_\_\_ Phone Type  Cell  Home  Office; Contact Priority \_\_\_\_

Phone2 \_\_\_\_\_ Phone Type  Cell  Home  Office; Contact Priority \_\_\_\_

Currently Serving Active Military Duty  YES  NO If yes, date enlisted: \_\_\_\_\_ Date Exited: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION—OTHER THAN PARENT/GUARDIAN:**

Name \_\_\_\_\_ Gender \_\_\_\_\_  
(Last) (First) (Middle)

Resides in Same Household  Yes  No

If different household:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone Type  Cell  Home  Office

Phone 2 \_\_\_\_\_ Phone Type  Cell  Home  Office

Relationship to the Student \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_  
(Last) (First) (Middle)

Resides in Same Household  Yes  No

If different household:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone Type  Cell  Home  Office

Phone 2 \_\_\_\_\_ Phone Type  Cell  Home  Office

Relationship to the Student \_\_\_\_\_

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**OTHER CHILDREN WHO RESIDE IN HOUSEHOLD**

***Children not yet enrolled in school***

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

**Children enrolled in school**

Name \_\_\_\_\_ DOB \_\_\_\_\_ SCHOOL \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SCHOOL \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SCHOOL \_\_\_\_\_

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**Guardian Warnings?**  No  Yes Explain \_\_\_\_\_

**Custody Papers?**  No  Yes Explain \_\_\_\_\_

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Information collected by (name of registrar): \_\_\_\_\_



**NEW YORK STATE EDUCATION DEPARTMENT  
Emergent Multilingual Learners Language Profile for  
Prekindergarten Students<sup>1</sup>**

*Dear Parent or Guardian,  
Thank you for completing the Emergent Multilingual Learners Language Profile. This survey will assist your new school with valuable information about your child's experience with languages. Information gathered will assist Prekindergarten educators in delivering academically and linguistically relevant instruction that strengthens the language and literacy of all students.*

THIS SECTION TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY AND MAINTAINED ON FILE
Date Profile Completed:
Student Name:
Gender:
Date of Birth:
District or Community Based Organization Name:
Student ID (if applicable):
Name of Person Administering Profile:
Title:

**Parent or Person in Parental Relation Information**

Name of parent or person in parental relation:

Relationship (to student) of person providing information for this profile:  mother  father  other

In what language(s) would you like to receive information from the school?  English  other home language:

**Language in the Home**

1. In what language(s) do you (parents or guardians) speak to your child at home?

2. What is/are the primary language(s) of each parent/guardian in your home? (List all that apply.)

3. Is there a caretaker in the home?  yes  no

If yes, what language(s) does the caretaker speak most frequently?

4. What language(s) does your child understand?

5. In what language(s) does your child speak with other people?

6. Does your child have siblings?  yes  no

If yes, in what language(s) do the children speak with each other most of the time?

7a. At what age did your child begin to speak in short sentences?

In what language?

7b. At what age did your child begin to speak in full sentences?

In what language?

8. In what language does your child pretend play?

9. How has your child learned English so far (television shows, siblings, childcare, etc.)?

### ***Language Outside the Home/Family***

10. Has your child attended any nursery, Head Start or childcare program?  yes  no

If yes, in what language was the program conducted?

In what language does your child interact with other people in the nursery or childcare setting?

11. How would you describe your child's language use with friends?

### ***Language Goals***

12. What are your language goals for your child? For example, do you want child to become proficient in more than one language?

13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual?  yes  no

14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family?

yes  no

If yes, in what language(s)?

### ***Emergent Literacy***

15. Does your child have books at home or does he or she read books from the library?

In what language(s) are these books read to him or her?

16a. Can your child name any letters or sounds in English?  yes  no

16b. Can your child recognize letters or symbols in another language?  yes  no

If yes, in what language(s)?

17a. Does your child pretend to read?  yes  no  unsure

If yes, in what language(s)?

17b. Does your child pretend to write?  yes  no  unsure

If yes, in what language(s)?

18. Does your child tell the stories from his/her favorite books or videos?  yes  no

If yes, in what language(s)?

19. Does your child's childcare or nursery program describe goals for his or her learning?  yes  no

If so, what goals do they describe?

20. Please describe anything special you did to prepare your child to begin Prekindergarten.

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<sup>1</sup> For more information contact: the New York State Education Department Office of Early Learning at (518) 474-5807 or email [OEL@nysed.gov](mailto:OEL@nysed.gov) or the New York State Education Department Office of Bilingual Education and World Languages at (518) 474-8775 or (718) 722-2445 or email [OBEWL@nysed.gov](mailto:OBEWL@nysed.gov).



# Kingston City School District

## STUDENT HEALTH HISTORY

Name:	DOB:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian: <small>(person completing this form)</small>	Grade:	Home Phone:	Date:
	Cell Phone:		

Has your child ever:	YES	NO	If Yes, please explain and include date:
Had an ongoing medical condition	<input type="checkbox"/>	<input type="checkbox"/>	
Seen a medical specialist	<input type="checkbox"/>	<input type="checkbox"/>	
Had allergies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> food <input type="checkbox"/> environmental <input type="checkbox"/> insect <input type="checkbox"/> medication <input type="checkbox"/> other
Been hospitalized	<input type="checkbox"/>	<input type="checkbox"/>	
Had an operation	<input type="checkbox"/>	<input type="checkbox"/>	
Had an injury requiring an Emergency Room visit	<input type="checkbox"/>	<input type="checkbox"/>	
Missed 5 days of school in a row due to illness/injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a bone/muscle injury	<input type="checkbox"/>	<input type="checkbox"/>	
Passed out, had a concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a convulsion/seizure	<input type="checkbox"/>	<input type="checkbox"/>	
Had a vision problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> glasses <input type="checkbox"/> contacts
Had a hearing problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hearing aid <input type="checkbox"/> cochlear implant
Worn dental bridge, braces or mouthpiece	<input type="checkbox"/>	<input type="checkbox"/>	
Have any family members under the age of 50 ever:	YES	NO	If Yes, please specify:
Had a heart attack	<input type="checkbox"/>	<input type="checkbox"/>	
Had other serious health problems	<input type="checkbox"/>	<input type="checkbox"/>	

**CHECK ALL THAT APPLY TO YOUR CHILD:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ADHD<br><input type="checkbox"/> Asthma/trouble breathing<br><input type="checkbox"/> Autism/Asperger<br><input type="checkbox"/> Dental Injuries<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Ear Infections | <input type="checkbox"/> GI Conditions (ulcer, reflux, IBS)<br><input type="checkbox"/> Headaches/migraines<br><input type="checkbox"/> Heart Conditions<br><input type="checkbox"/> High Blood Pressure<br><input type="checkbox"/> Mental Health Condition<br>(depression, eating disorder, | anxiety, OCD, ODD, etc.)<br><input type="checkbox"/> Scoliosis<br><input type="checkbox"/> Single Organ ( <input type="checkbox"/> kidney, <input type="checkbox"/> testicle)<br><input type="checkbox"/> Skin Condition<br><input type="checkbox"/> Speech Condition<br><input type="checkbox"/> Urinary Condition |
|--|---|---|

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s)
Given at school	<input type="checkbox"/>	<input type="checkbox"/>	
Taken at home	<input type="checkbox"/>	<input type="checkbox"/>	
ASSISTIVE EQUIPMENT	YES	NO	Please check all that apply
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> crutches <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> other:
TREATMENTS	YES	NO	Please check all that apply
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> insulin/blood glucose monitoring <input type="checkbox"/> inhaler/nebulizer/peak flow monitoring <input type="checkbox"/> special diet

Is there any condition that would prevent your child from participating in physical education or sports?  
 No  Yes: \_\_\_\_\_

Please list any additional concerns: (use back of sheet if necessary) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Cioni Administration Building

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**Dr. Paul J. Padalino**  
Superintendent of Schools

**John J. Voerg**  
Deputy Superintendent for Teaching & Learning

## AFFIDAVIT OF PROPERTY OWNER/LANDLORD IN SUPPORT OF RESIDENCY IN THE KINGSTON CITY SCHOOL DISTRICT

I, \_\_\_\_\_ a property owner or manager/agent of the dwelling located at  
(Name of Property Owner/Landlord or Property Manager)

\_\_\_\_\_  
(Street Address/Apt #)

\_\_\_\_\_  
(City, State, Zip)

Hereby certify that I am renting space in this dwelling on a \_\_\_\_\_ basis beginning on \_\_\_\_\_  
(Weekly/monthly/yearly) (Date)

The following persons are identified as tenants having the right to be occupants in the dwelling:

- Parent/Guardian: \_\_\_\_\_
- Parent/Guardian: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

The payment of Electric Utility Bill is included in rent: Yes: \_\_\_\_\_ No: \_\_\_\_\_

I certify that the information provided on this form is true and correct and that the statements made herein are being made under the penalties of perjury, knowing that the Kingston City School District will rely upon them in determining whether the above-named child(ren) reside in the school district.

\_\_\_\_\_  
(Signature of Property Owner/Landlord or Property Manager)

\_\_\_\_\_  
(Print Name)

Sworn to before me on this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)  
State of:  
County of:

*It is the mission of the Kingston City School District to educate, inspire, and graduate students who are excellent in scholarship and character and are empowered to reach their maximum potential as responsible and productive members of society.*