



GENEVA CITY SCHOOLS
GATEWAY TO GREAT ACHIEVEMENTS
DISTRICT OFFICES
400 West North Street
Geneva, New York 14456
315-781-0400
www.genevacsd.org

2021–22 Three-Year-Old Full Day UPK Program

Dear Parent or Guardian,

Our Universal Pre-Kindergarten **Three-Year-Old Expanded Services** is a state funded program open to **three-year-old** children who live in the Geneva City School District. There is **no charge** for the UPK program.

- UPK acceptance is pending based on NYS funding renewal.
- **Transportation is NOT provided.**
- **Applications are due NO LATER THAN Friday, April 30, 2021.**
- Child must be 3 years old on or by December 1, 2021. Please include a copy of your **child's birth certificate** with the completed application packet.
- Please provide **proof of residency**. (Lease/Rent agreement, Utility bill, etc.) You must live in the Geneva City School District.
- If custody is shared between households please include a **copy of custody documents stating primary placement or school district residency**.
- **Physical and immunization record are required prior to starting.** Your child's most recent lead level and dental exam forms are also requested.
- Spaces are limited and will be filled by a lottery system.
- All UPK classes are **Monday – Friday, three hours per day**, and follow the School District's calendar. UPK classes follow Geneva City School District policies for attendance.

The UPK Three-Year-Old Expanded Services program will be provided at community sites. All sites will follow the same developmentally appropriate curriculum that is designed to prepare children for school in the Geneva City School District. All families of eligible three-year-old children are welcome to apply. To apply for the Universal Pre-Kindergarten Three-Year-Old Expanded Services program, please complete the attached packet.

Please return completed applications to:

Geneva City School District Head Start/UPK
Attn: Cecilia Rodriguez
30 West Street
Geneva, NY 14456

**Geneva City School District
3-Year-Old Full Day 2021-2022 UPK Program
Application Packet**

Child's Name: _____

Address: _____ City: _____ Zip: _____

Are you a resident of the Geneva City School District? Yes: ___ No: ___

Child's Date of Birth: _____ Age child will be on 12/1/2020: _____

(Child must be 3 on or by 12/1/21 and the child must not turn 4 on or before 12/1/21)

Gender: (please check one) M: ___ F: ___

Is child bilingual? Yes: ___ No: ___

If yes, please list languages child speaks other than English: _____

Parent or Guardian Contact Information

Name: _____

Name: _____

DOB: _____

DOB: _____

Phone: _____

Phone: _____

Address: _____

Address: _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Work Phone: _____

Work Phone: _____

Is guardian bilingual? Yes: ___ No: ___

Is guardian bilingual? Yes: ___ No: ___

Languages: _____

Languages: _____

If you are the child's legal guardian (not a natural or adoptive parent) please state relationship and include proof of legal guardianship with application packet.

Is child in foster care or kinship care? Yes: __ No: __

Relationship to child: _____

Date guardianship was established: _____

List any additional persons living in the household

Name	Gender	Age	Relationship to child

Has your child ever attended a child care or preschool program?

Yes: __ No: __

If yes, when and where did they attend?

Name and phone number of your child's primary care physician: _____

Name and phone number of your child's primary dental provider: _____

1. Is your child currently receiving or has your child ever received services related to speech or language development at home or in a daycare setting?

Yes: ___ No: ___

If yes, what services, where and which agency provide these services?

2. If your child has never received services, do you have any concerns about your child's development?

Yes: ___ No: ___

If yes, please list concerns: _____

3. Is your child able to carry on a conversation with you or others?

Yes: ___ No: ___

4. Can your child's speech be understood by others?

Yes: ___ No: ___

5. Does your child usually speak in complete sentences?

Yes: ___ No: ___

6. Is your child able to follow 2 or 3 step directions?

Yes: ___ No: ___

7. Do you have any concerns regarding your child's physical development?

Example: Is your child prone to falling or have difficulty using utensils?

Yes: ___ No: ___

If yes, please explain: _____

8. Does your child use the bathroom independently?

Yes: ___ No: ___

9. **Yes, I acknowledge there is no transportation, I will be responsible for arranging transportation to and from the UPK site. (Please initial.) _____**

Site Preference

Transportation is not provided.

All Programs run Monday–Friday, three hours per day, and align with the school district calendar. Participation will be determined by a lottery drawing and is subject to program receiving New York State funding. While there is **no** guarantee that each child will receive a UPK spot, when an application is selected every attempt is made to place your child with the first choice indicated.

Please rank in order, your preferences from 1 to 3 (1 = your first choice). **If you are not able to have your child attend any program other than your first choice please do not select an alternate choice.**

PLEASE CONTACT INDIVIDUAL SITES FOR SPECIFIC HOURS OR TO SCHEDULE A TOUR.

_____ Happiness House — Christine Schultz 315-789-6828

_____ Jim Dooley Center for Early Learning — Kathy Ryrko 315-787-4190

_____ YMCA- Mary Bakogiannis 315-789-1616

****subject to change based on yearly contracts****

Completed application must include: all attached forms:

- ❖ copy of child’s birth certificate
- ❖ proof of residency
- ❖ physical and vaccination report
- ❖ custody orders or proof of guardianship (if applicable)

- State Law requires that a Home Language Questionnaire and McKinney-Vento Questionnaire be completed for all new entrants to the Geneva City School District.
- Please release all health and dental records to the Geneva City School District for the purpose of registration of the above student.

Completed Application Packet due NO LATER THAN Friday, April 30, 2021.

Please return to:

GCSD Head Start/UPK
Attn: UPK
30 West Street
Geneva, NY 14456

Signature of Parent/Guardian: _____ Date: _____

For Office Use only: Proof of DOB: ____ Proof of residency: ____ Physical:____ Vaccinations: _____

Student Racial and Ethnic Identification

Grade: **Three-Year-Old Expanded Services**

Student Name: Last, First, Middle: _____

Date of Birth: _____

DIRECTIONS TO PARENT/GUARDIAN:

PLEASE ANSWER QUESTIONS 1 & 2. PLEASE READ THEM BEFORE YOU RESPOND.

Please check only one (1) on Section 1.

SECTION 1

Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

_____ **YES, Hispanic**

_____ **NO, not Hispanic**

Select one or more races from the following five racial groups in Section 2.

SECTION 2

Please check all that apply to your child; check at least one box.

_____ **AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

_____ **ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.

_____ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.

_____ **WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Signature of parent/guardian: _____ Date: _____

Relationship to student: _____