



**AUBURN ENLARGED CITY SCHOOL DISTRICT**  
*Registration Process and Parent Checklist for the Universal  
Pre-Kindergarten (3PK / UPK) and Kindergarten Programs*

*2018-2019 School Year*

**A. Is your child eligible for our 3PK, UPK or Kindergarten programs?**

- My child is a **RESIDENT** of the Auburn Enlarged City School District (AECSD)  
 My child **MEETS** the age requirements. On or before **December 1<sup>st</sup>**, my child will be  
**3 years of age** for participation in our 3PK program or **4 years of age** for participation in our UPK program  
**5 years of age** for enrollment in Kindergarten

**B. Complete the Enrollment and Registration Forms. Submit these forms with the required supporting documentation (see C. and D. below) to the AECSD by:**

- Mail to Attn: Mary Cregg, Registrar, AECSD, 78 Thornton Avenue, Auburn, New York 13021  
 Fax to Attn: Mary Cregg, Registrar at (315) 255-8858  
 Email to [mary\\_cregg@auburn.cnyric.org](mailto:mary_cregg@auburn.cnyric.org) or  
 In person. Contact Mary Cregg at (315) 255-8825 to schedule a quick appointment

**C. Items 1 – 5 below *MUST* be submitted with your completed Enrollment and Registration Forms. We *CANNOT* ACCEPT your application without this supporting documentation. **NO EXCEPTIONS!****

1.  Proof of Residence in the AECSD (Must submit **one** of the following).
  - \* Notarized Affidavit of Residency
  - \* Mortgage statement
  - \* Lease agreement showing address and parent/guardian name(s) and signatures
  - \* Notarized letter from landlord
  - \* Utility bill; tax bill for residence in parent/guardian name; landline phone bill (Cell phone bill is not acceptable); TV/cable receipt; or furniture rental receipt
  - \* Paycheck dated within the last two weeks showing address
  - \* Auto insurance ID with address
  - \* Social Security statements or DSS documentation
2.  Copy of child's Birth Certificate
3.  Immunization Record (signed by a physician or clinical staff / baby books not acceptable proof)
4.  Custody papers, if applicable
5.  Special Education records, if applicable

**D. Complete the Medical Packet. Submit this packet with the required supporting documentation (see items 6 – 8 below), prior to the first day of classes if registering for 3PK or UPK\*.**

*+Our forms are attached. Present to your Physician/Dentist for him/her to complete!*

6.  Physical Exam+ (dated within one year of scheduled school start date)
7.  Proof of Lead Screening
8.  Proof of Dental Screening+

*\*If you are registering your child for **Kindergarten**, upon receipt of your completed Enrollment and Registration Forms, you will be supplied with information regarding the next step of the registration process, which involves a visit to your child's new school. You must present your completed Medical Packet to Health Services staff for review at that visit.*

**E. Applies to 3PK and UPK Registration ONLY. Keep this page affixed to the Enrollment Form. DO NOT DETACH.**

**SELECTION CRITERIA:** This program is open to all children who turn three years old (3 UPK) or four years old (UPK) on or before **December 1st**, and who live in the Auburn School District. If we receive more applications than we have slots available prior to the application cutoff date, children will be randomly selected. Site placement will be determined on the basis of daycare, financial income, and parental choice.

**INELIGIBILITY:** A child is ineligible for this program if he/she is enrolled in another pre-kindergarten program that is supported by public funds, such as a preschool special education program. Students who are unable to attend Pre-Kindergarten 5 days per week, 2 ½ hours per day (half-day program) or 5 hours per day (full-day program), for the entire school year are also ineligible.

**PREFERENCE FOR PROGRAM LOCATION:**

The Pre-Kindergarten program will be held at the locations listed below. Due to limited space at some locations, the District **CANNOT GUARANTEE** your choice.

**PLEASE INDICATE YOUR First (1<sup>st</sup>) and Second (2<sup>nd</sup>) CHOICE ONLY.** Also, please note if the site is also the site of your child's daycare.

**PARENTS/GUARDIANS ARE ENCOURAGED TO VISIT THE SITES BEFORE MAKING YOUR SELECTION, AS ALL PLACEMENTS ARE FINAL.**

**3-YEAR-OLD Program**

**Full-Day Options**

- Cayuga Community College
- Cayuga-Onondaga BOCES
- Cayuga-Seneca Community Action Agency (CSCAA)
- E. John Gavras Center
- Montessori School of the Fingerlakes
- YMCA

**Half-Day Options**

- E. John Gavras Center
- YMCA

**4-YEAR-OLD Program**

**Full-Day Options**

- Cayuga Community College
- Cayuga-Onondaga BOCES
- Cayuga-Seneca Community Action Agency (CSCAA)
- Early Childhood Center
- E. John Gavras Center
- Montessori School of the Fingerlakes
- YMCA

**Half-Day Options**

- Westminster Nursery School

**DO NOT DELAY! APPLICATIONS ARE ACCEPTED ON A FIRST COME, FIRST SERVED BASIS – SLOTS ARE LIMITED!! No applications will be accepted without the required documentation. Should you have any questions, please feel free to contact Mary Cregg, at 255-8825 or Michelle Kolceski at 255-8613.**

*For Office Use Only*

Student Last Name: \_\_\_\_\_

Student First Name: \_\_\_\_\_

3PK UPK

**AUBURN ENLARGED CITY SCHOOL DISTRICT**  
**Universal Pre-Kindergarten and Kindergarten Enrollment Form**  
**Form 1 of 2**

*For office use only*

**CHILD MUST BE A PERMANENT RESIDENT OF THE AUBURN ENLARGED CITY SCHOOL DISTRICT**

**I. STUDENT INFORMATION (For Student Being Enrolled)**

**Grade (circle one):** 3 PK   4 UPK   K

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Sex:  Male    Female   Date of Birth: \_\_\_\_\_ Proof of Birth submitted with application: \_\_\_\_\_

Address (must be street address): \_\_\_\_\_ Apt, Bldg., Other: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**In which elementary school attendance area does this child reside?**

Casey Park                       Genesee                       Herman                       Owasco                       Seward

**II. FAMILY INFORMATION**

**PARENT/LEGAL GUARDIAN**

Name: \_\_\_\_\_

First                      Middle                      Last

Relationship (to child): \_\_\_\_\_

Address (must be street address): \_\_\_\_\_

Apt., Bldg., Other: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(    ) \_\_\_\_\_ Cell:(    ) \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Authorized to Pick Up:  Yes     No

**PARENT/LEGAL GUARDIAN**

Name: \_\_\_\_\_

First                      Middle                      Last

Relationship (to child): \_\_\_\_\_

Address (must be street address): \_\_\_\_\_

Apt., Bldg., Other: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(    ) \_\_\_\_\_ Cell:(    ) \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Authorized to Pick Up:  Yes     No

**EMERGENCY CONTACT 1**

*(List a person who will assume temporary care if parent/legal guardian is not reachable)*

Name: \_\_\_\_\_

First                      Middle                      Last

Relationship (to child): \_\_\_\_\_

Address (must be street address): \_\_\_\_\_

Apt., Bldg., Other: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(    ) \_\_\_\_\_ Cell:(    ) \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Authorized to Pick Up:  Yes     No

**EMERGENCY CONTACT 2**

*(List a person who will assume temporary care if parent/legal guardian is not reachable)*

Name: \_\_\_\_\_

First                      Middle                      Last

Relationship (to child): \_\_\_\_\_

Address (must be street address): \_\_\_\_\_

Apt., Bldg., Other: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(    ) \_\_\_\_\_ Cell:(    ) \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Authorized to Pick Up:  Yes     No

**PLEASE NOTIFY THE SCHOOL DISTRICT OF ANY CHANGES AS SOON AS THEY OCCUR. THANK YOU!**

**III. OTHER FAMILY INFORMATION**

**LIST ALL FAMILY MEMBERS LIVING IN THE CHILD'S HOME, INCLUDING ANY CHILDREN NOT YET OLD ENOUGH TO ATTEND SCHOOL:**

<u>Name</u>	<u>M/F</u>	<u>DOB</u>	<u>AGE</u>	<u>Relationship to Child</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**HOUSEHOLD TYPE: (Please check the choice that best describes the household situation)**

- Single Parent/Female (F)     
 Single Parent/Male (M)     
 Two Parent Household (T)
- Foster Parent (E)     
 Teen Parent (17 years old or younger) (TP)
- Other, please specify: \_\_\_\_\_

**IV. GENERAL PERMISSIONS**

- Yes     No      My son/daughter is permitted to attend all field trips, provided I am informed about them in advance.
- Yes     No      My son/daughter may be pictured in the school newsletter, school brochures, newspaper articles, videos, web, etc.

**V. ADDITIONAL ENROLLMENT INFORMATION**

- Do you suspect your child has an educational disability or learning problem?     Yes     No
- If yes, please explain \_\_\_\_\_ **or**
- Has a Committee of Special Education (CSE) identified the student with an educational disability?     Yes     No
- If yes, please explain \_\_\_\_\_
- Does the student have a 504 Plan?     Yes     No
- If yes, please explain \_\_\_\_\_
- Is your child enrolled in the Dolly Parton Imagination Library?**     Yes     No
- If yes, please circle years enrolled:**    1    2    3    4

**VI. ACADEMIC HISTORY**

*The questions below also refer to Pre-School experience. Please include Pre-School and childcare programs.*

Has the child ever attended an Auburn School?     Yes     No

If yes, which school(s) and in what grade(s)? School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date(s) attended: \_\_\_\_\_

Name of last school child attended: \_\_\_\_\_ Name of School District: \_\_\_\_\_

School Address and Telephone: \_\_\_\_\_

Date(s) last attended: \_\_\_\_\_ Present Grade: \_\_\_\_\_

**Note:** It is no longer necessary to obtain written consent from parents/guardians to request records from other schools.

**★ I attest that the information completed by me on pages 1 – 2 of this enrollment form is current, true and accurate.**

**CONFIDENTIALITY PROCEDURES AND REGULATIONS** - This form will be filed in the student's permanent record as confidential information. The information which has been provided on this form is protected by the Confidentiality Regulations cited below: "The family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number."

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**