



**AUBURN ENLARGED CITY SCHOOL DISTRICT**  
**Universal Pre-Kindergarten (3PK / UPK)**  
**and Kindergarten Programs**

**2022-23 School Year**

**TO BE ELIGIBLE YOUR CHILD MUST:**

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

**B. We CANNOT ACCEPT** your child's completed application without this supporting documentation:

1. \_\_\_ **Proof of Residence** in the AECSD. Must submit **one** of the following:
  - \* **Lease or Deed** – dated and signed
  - \* **Mortgage Statement or Tax Bill**
  - \* **Utility or Cable Bill**
    - \* **NYS Driver's License, Learner's Permit, or Non-Driver Identification**
  - \* **Furniture Rental Receipt**
  - \* **Pay Stub** dated within the last two weeks showing address
  - \* **Auto Insurance Card** with address
  - \* **Social Security Statements, DSS documentation or other documents issued by Federal, State, or Local Government Agencies**
  - \* **Court Orders or Court Issued Documents**
  - \* **Notarized Landlord Statement**
2. \_\_\_ **Copy of child's Birth Certificate**
3. \_\_\_ **Custody papers**, if applicable
4. \_\_\_ **Special Education records**, if applicable

**C. Complete the Medical Packet and provide:**

5. \_\_\_ **Physical Exam** (dated within one year of scheduled school start date and **MUST** use enclosed physical form)
6. \_\_\_ **Immunization Record** (baby books are not acceptable proof)
7. \_\_\_ **Proof of Lead Screening**
8. \_\_\_ **Proof of Dental Screening**

**D. Complete the Enrollment, Registration, and Health forms. Submit these forms with the required supporting documentation to the AECSD by:**

- \_\_\_ **Mail or Drop off** to Mary White, Registrar, AECSD, 78 Thornton Avenue, Auburn, New York 13021
- \_\_\_ **Fax** to Mary White, Registrar at (315) 255-8858 or **Email** to [marywhite@aecsd.education](mailto:marywhite@aecsd.education)

**For more information contact Mary White at (315) 255-8825**

**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
- Early Childhood Center
- E. John Gavras Center
- Montessori School of the Finger Lakes
- YMCA

**Half-Day Options -Limited Availability**

- YMCA

**4-YEAR-OLD Program**

**Full-Day Options**

- Cayuga Community College
- Cayuga-Onondaga BOCES
- Cayuga-Seneca Community Action Agency
- Early Childhood Center
- E. John Gavras Center
- Montessori School of the Finger Lakes
- YMCA

**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 White 315-255- 8825 or Michelle Kolceski 315-255-8613.

<p><i>For Office Use Only</i></p> <p>Student Last Name: _____</p> <p>Student First Name: _____</p> <p style="text-align: right;">3PK      UPK</p>
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**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 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.

Signature of Parent/Guardian

Date

**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."