

2023-2024

PRE-KINDERGARTEN APPLICATION

Enclosed please find the registration and income verification forms for Pre-K programs. Both forms must be **completed and returned** along with all required documentation in order for student registration to be date stamped in, which is how to secure a slot in a Pre-K program. Please note you must fill out the income verification form, regardless of whether or not you think you will qualify for an income based program – the registration will be considered incomplete without the income form completed. Slots are filled on a first come, first served basis based on the date in which completed registration packets of resident children are received. District policy allows for non-resident children of employees to enroll their schoolaged children in the school district. However, for Pre-Kindergarten programs, all district resident children must be placed before others can be considered, regardless of the date of a submitted packet.

The district presently has several Pre-Kindergarten programs. You will be notified by phone and mail when your child is placed and which program they will be attending. The district, while attempting to honor specific requests, does maintain final decision making in placements. After you are notified that your student is registered in Pre-K, and all the placements have been made, you will receive an informational welcome letter, a copy of the student handbook, and a supply list. Alternatively, you will be notified of your placement on a waiting list.

Please keep in mind that there are a limited number of openings in each program, and they are filled in the order that completed registrations are received, including all supporting documentation. Each completed registration packet will be date and time stamped in.

Returning a partial packet and supplying information at a later date <u>WILL NOT</u> secure a spot in Pre-Kindergarten programming, the forms will be returned to you for completion and resubmission.

If you have any questions, please contact the registration office at 518-828-4360 ext. 2100 or by email at registration@hudsoncsd.org.

APPLICATIONS WILL BE ACCEPTED BEGINNING TUESDAY MARCH 7, 2023

Transportation is not provided to Pre-K programs.

HUDSON CITY SCHOOL DISTRICT PRE-KINDERGARTEN 2023 - 2024

WE ARE REQUIRED TO SUBMIT THE ANSWERS TO T AS PART OF REQUIRED SCHOOL DISTRICT DATA REI KNOWLEDGE. PLEASE READ THEM BEFORE YOU RE	PORTING. PLEASE A				
(For question (1) check (X) the answer to (For question (2) check (X) all groups the	-		c) Check (X) on Check (X) at lea	-	
Is the student Hispanic, Latino, or of Spanish Origin? Hispa Central or South American, or other Spanish cultur	· ·	_	•	-	
2. Select one or more r	races from the foll	owing five	racial groups		
AMERICAN INDIAN OR ALASKA NATIVE: A perso America (including Central America), and who m					and South
ASIAN: A person having origins in any of the origincluding for example, Cambodia, China, India, Ja Vietnam.					
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDE Guam, Samoa, or other Pacific Islands.	R: A person having	g origins in	any of the orig	inal peoples	of Hawaii,
BLACK OR AFRICAN AMERICAN: A person having	g origins in any of	the Black r	acial groups of	Africa.	
WHITE: A person having origins in any of the original contents of the o	ginal peoples of Eu	ırope, Nor	th Africa, or the	e Middle Eas	t.
Parent / Guardian: 1.	2				
Address:					
Home Telephone: Cell:		Work/ I	Emergency:		
Who does the student reside with?	Re	lationship to	Student:		
Please submit copies of all Custody Ord	ders and legal res	trictions d	ocumentation	with this for	m.
Does the student have any siblings in the Hudson City	School District? If s	o please list	their names and	school they	attend below:
Student Name		Schoo	I		
Does the student currently receive any CPSE services fr	om the Hudson Ci	ty School I	District?		
Yes No Describe:					
Is the Student currently in a Dre School / Daysare Dregg	ram?				
Is the Student currently in a Pre-School / Daycare Progr	iaiii;				

The following documentation will also be needed:

Physical – Physical must be within one (1) year of completion
Current Immunization Record
Parent / Guardian photo identification
Proof of Residency within the HCSD:
Homeowner: Mortgage statement, Closing statement, or Deed.

- Non-Homeowners: Residential lease with physical address and parent/guardian listed as guarantor, A
 sworn or unsworn statement by a third-party landlord, owner or tenant from whom the parents lease or
 share property, or a statement from a third party establishing the parent/guardian's physical presence in
 the district.
 - o In Addition to the above one of the following is needed:
 - Utility or other bills
 - Pay stub
 - Membership documents (e.g. library cards) based upon residency
 - Voter Registration documents
 - Official driver's license, learner's permit or non-driver identification
 - State or other government issued identification
 - Documents issued by federal, state, or local agencies (e.g. local social service agency, federal
 office of Refugee Resettlement)
 - Evidence of custody of the child, including, but not limited to, judicial orders or guardianship papers, with corresponding address.

Proof of Student's Age:

- Birth Certificate (foreign or domestic)
- Record of Baptism
- Passport (foreign or domestic)

Please return completed packets to the:

Hudson City School District – Registration Office, 215 Harry Howard Ave, Hudson NY 12534

Please note: a packet is considered to be "complete" when all forms are filled out, signed and have been returned to the registration office along with the requested documentation. All completed packets are date stamped when received. If they are incomplete you will be contacted by the district. It is your responsibility to take the steps necessary to rectify the errors and / or provide missing documents.

Sending in part of the information will not secure student placement

Placements are made by the order in which the completed qualifying packets have been received and stamped in. You will receive a call from the district when the placements are being made with your student information.

Please note: The HCSD does not provide transportation for the Pre-K Programs

Parent Name:	 	
Signature:	 	
Date:		

Family Income Form

In order to determine if we will receive federal Title I funds for reading and / or mathematics or other services, certain information is needed. Please complete this form and submit it via fax or email. List only those students enrolling.

Total of all calculate: Certifica certify that the coeing giver	ation and Signature at all of the above informa n for the receipt of federal	ition is true ar I funds, and th	d correct	t, and that I officials r	all income is reported. may verify the information	Weekly I understand this information is on on the forms. Date:
Fotal of all calculate: Certifica certify that	ntion and Signature	ition is true ar	d correct	t, and that	all income is reported.	I understand this information is
Total of all calculate:	ntion and Signature					
Fotal of all calculate:				Monthl	OR \$	Weekly
Fotal of all calculate:	Annual	OR \$ _		Monthl	OR \$	 Weeklv
otal of all		0D 4			6 5 6	
Total of all						
	household members' inco	ome before ta	xes or an	ything else	e is taken out. Fill in the	one that is easiest for you to
otal Hullik						
	old Income Der of all household memb	ners whether	thev rece	eive incom	ne or not:	
	annuities / net rental inco		us, Casii v	witiiuiawi	i irom savings, Estate or	Trust investments, and wet
Other Inco	ma: Disability banafits Int	terest dividen	de Cachi	withdrawr	o from savings Estate or	Trust investments, and Net
Pensions /	Retirements / Social Secu	rity: Pensions,	Supplem	nental Sec	urity Income, Retiremen	t Income, and Social Security.
Public Assis	stance / Child Support / Al	limony: Public	assistand	ce, Welfar	e payments, Alimony, ar	nd Child support payments.
_	m self-owned business or		cricitis,	onemploy	ment compensation, w	orker's compensation, and wet
arnings fr	om work: Wagos Salarios	Tine Strike) on of its	Unomploy	mont Componentian W	orker's Compensation, and Net
	ted and unrelated in your		-		·	
			-			nt of income in your household r spouse, grandparents, and all
Calculat	ing Household Inco	me				
				<u> </u>		
				<u> </u>		
						Stamp Recipient
		Date	Jex	Grade	District of Residence	Child, Ward of Court, or Food
		Birth	Sex	Grade	District of Residence	Indicate if Child is a Foster