

Ballston Spa Central School District
Universal Prekindergarten (UPK) Application for 2020-2021

Dear Parent/Guardian:

The New York State Universal Prekindergarten Program (UPK) is an early childhood program which was established by the New York State Education Department (NYSED) to provide an early learning experience to children the year before a child attends kindergarten. The primary purpose of this program is to provide **four-year-old** students with an opportunity to access high-quality prekindergarten programs that will provide the foundation to help prepare them for future school success. Eligible families are defined as those who live in our District and have children who will be four years old on or before December 1, 2020. A child who is age-eligible to attend kindergarten **is not** eligible for the UPK program.

The program is contingent upon the Ballston Spa Central School District receiving annual grant funding from the New York State Education Department.

Attached please find the UPK application. Applications will **only** be accepted for the 2020-2021 school year. When you return the application, please include the following copies of **required** documentation:

1. A copy of your child's birth certificate
2. A copy of current physical (within last 11 months), **and** up-to-date immunizations with the physician's name and address included.
3. Proof of District residency. **TWO** acceptable forms of proof required: valid driver's license; current utility bill; signed lease or housing documents or auto insurance policy/vehicle registration.
4. A completed Home Language Questionnaire.

It is mandatory that the completed application be returned by January 31, 2020 to:

Ballston Spa Central School District
70 Malta Avenue
Ballston Spa, NY 12020
ATTN: UPK program – Jenn Knight
Email: jknight@bscsd.org

Please Note: If your application is emailed – you will receive an email confirmation that it has been received.

If more applications are submitted than NYSED has funded for the District, a lottery will be used to select children to participate in the program. All **complete** applications (those with all required documentation) received by the end of the school day on January 31, 2020 will be considered for the lottery. *You will be mailed a confirmation letter that your application has been received.* Children will be placed according to parent choice, if possible. Parents/guardians will be notified in writing by February 28, 2020 of placement decisions.

For further information or assistance with this application, please call Jenn Knight at: 884-7195, extension 1330. Thank you for your cooperation.

Sincerely,

Kathleen Skellie
Director of Curriculum, Instruction, and Assessment

Universal Prekindergarten Program (UPK) Enrollment Application for 2020-2021

**The offering of the UPK program is contingent upon the Ballston Spa Central School District receiving annual grant funding from the NYS Education Department.*

Student Name: _____

Male ___ Female ___

DOB: _____

*(Child must be a resident of the district and be four years old on or before December 1, 2020. A child who is age-eligible to attend kindergarten is **not** eligible for the UPK program.)*

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Email: _____

UPK Program Locations: please indicate your choice by numbering 1-4

Ballston Area Community Center AM Class (9:00 – 11:30)

Ballston Area Community Center PM Class (12:30 – 3:00)

YMCA Malta Child Care (up to 10 hour program)

A discount towards the cost of their full day child care program is applied utilizing UPK funding.

Head Start (8:00 AM-2:00 PM)

Income verification is done by Saratoga County EOC.

Does your child or family member **currently** attend one of the agencies listed above? Yes ___ No ___

I have completed the application and submitted the required documentation. I understand that my application will not be considered for selection unless all of the following documentation has been submitted:

Birth Certificate

Health Appraisal/Immunization Record

Proof of Residency

Home Language Questionnaire

Signature of Parent/Guardian: _____ Date: _____

HOME LANGUAGE QUESTIONNAIRE

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes English. Your assistance in answering these questions is greatly appreciated.

Student's Date of Arrival in the US: Born Here
Date of Arrival Country of Birth

Number of years enrolled in school outside the US:

Has the student attended school in the United States for three or more years? Yes No

What languages are spoken in the student's home? English Other _____
Specify

What languages are spoken most of the time in to the student in the home? English Other _____
Specify

What languages does the student understand? English Other _____
Specify

What languages does the student speak? English Other _____
Specify

What languages does the student read? English Other _____
Specify

What languages does the student write? English Other _____
Specify

In your opinion, how well does the student understand, speak, read and write English?

	Very Well	Only A Little Bit	Not At All
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR OFFICE USE ONLY			
School:	<input type="checkbox"/> MA	<input type="checkbox"/> MTN	<input type="checkbox"/> GC <input type="checkbox"/> WR <input type="checkbox"/> MS <input type="checkbox"/> HS
Determination:	<input type="checkbox"/> Possible LEP	<input type="checkbox"/> English Proficient	Student ID# <input type="text"/>
Name/Position of school personnel completing this section: _____			Date <input type="text"/>