Niagara Falls City School District
Universal Pre-Kindergarten Program

630 - 66th Street
Niagara Falls, NY 14304
286-4253

The Niagara Falls City School District is offering a <u>FREE</u> program for City of Niagara Falls residents who will be 4 years of age on or before December 1, 2012.

About the Program

- Full-time program Monday through Friday, half day on pre-identified Tuesdays.
- Literacy rich program designed to help young children enter school ready to learn.
- Transportation is NOT provided. Parent is responsible to get child to and from school.
- Applicants must be toilet trained unless documentation of a medical condition is presented.
- Child must turn 4 years old <u>on or before December 1, 2012</u>.

How to Apply

- Fill out the attached Universal Pre-Kindergarten Program Application and return to: Niagara Falls Board of Education, Attention: UPK, 630 - 66th Street, Niagara Falls, NY 14304 (or return to your child's home elementary school).
- *Deadline to be included in lottery is March 30, 2012.*

Placement Process

- Applications received by March 30, 2012 are sorted by home school which is based on your home address.
- If by March 30, 2012 there are more applications received for any school than there are spots available, a lottery will be conducted for those schools on April 27, 2012.
- Placement notification letters for all applications received by March 30, 2012 are sent to applicants immediately following the lottery.
- Applications received after March 30, 2012 are placed on a first come first served basis. If there is an opening at the time your application is received, your child will be placed. If there is not an opening available when your application is received, you will be placed on the waiting list and will be notified as placements become available.
- Placement at one of our community-based Pre-K programs is also available.

For more information call: 286-4253

Niagara Falls City School District

Universal Pre-Kindergarten Program Application

2012-2013 School Year

Child's Name: _____

Parent's Name(s): _____

Address: _____

City: _____ **Zip Code:** _____

Home Phone: _____

Cell Phone: Mom: _____ Dad: _____

Work Phone: Mom: _____ Dad: _____

Child's Date of Birth: _____ **Child's Sex:** Female / Male (circle one)

Language Spoken at Home: _____

☐ *Please check this box if you would consider placement at Kalfas Magnet School Pre-K if not selected for your home school lottery.*

Does your child receive any special education services? (please specify)**:**

_____

_____

Other children in home:

Name: _____ School: _____

Name: _____ School: _____

Name: _____ School: _____

Race/Ethnicity (please circle all that apply)**:**

Black White Asian American Indian Other _____

**** * * DO NOT WRITE IN THIS BOX – FOR OFFICE USE ONLY * * ****

Rec'd by: ☐ **School -** Date/Time: _____ Home School: _____

Rec'd by: ☐ **BOE** - Date/Time: _____ Placement Location: _____

Entered in Computer: _____ Waiting List: _____