



Niagara Falls City School District
3 Year Old Pre-K Program Application
2018 – 2019

Child's Name: _____

Parent's Name: _____

Address: _____

City: Niagara Falls Zip Code: _____

Cell Phone Mother: _____ Cell Phone Father: _____

Work Phone Mother: _____ Work Phone Father: _____

Child's Date of Birth: _____ Child's Sex: Male / Female
(Circle One)

Language Spoken at Home: _____

Other Children Attending Schools in the Niagara Falls School District:

Name: _____ School: _____

Name: _____ School: _____

In addition to this form, all parents are required to complete the attached Household Income Eligibility form. Students who qualify for a free/reduced lunch will be given priority in the selection process.

For More Information Call (716) 286-4253

For Office Use Only
Received by _____ Dated Received _____

**Niagara Falls City School District
Niagara Falls, New York**

3 Year Old Pre-K Program Information and Overview

The Niagara Falls City School District will offer a program for 3 year old children living in the City of Niagara Falls in September 2018. The program will be offered at Harry F. Abate Elementary School.

Basic Facts About the 3 Year Old Pre-K Program

- Children who have turned **3 years of age, on or before December 1, 2018** are eligible to attend.
- **Parents are required to complete the attached Household Income Eligibility Form. Students who qualify for a free/reduced lunch will be given priority in the selection process. A lottery will be conducted if we receive more requests than student seats available.**
- The program will be held at Harry F. Abate School.
- **TRANSPORTATION IS NOT PROVIDED.**
- Children will receive breakfast and lunch.
- Days and hours for the program are as follows:

Monday	9:30 AM – 2:30 PM
Tuesday	9:30 AM – <u>1:30 PM</u>
Wednesday	9:30 AM – 2:30 PM
Thursday	9:30 AM – 2:30 PM
Friday	9:30 AM – 2:30 PM
- The program will include family events and informational workshops.

Application Process

- Parents wishing to have their child attend this valuable program must complete and return the program application and the attached Household Income Eligibility Form to:

Niagara Falls Board of Education
3 Year Old Pre-K Program
630 66 th Street
Niagara Falls, New York 14304
- Applications must be received by **March 30, 2018.**
- Placement letters will be mailed in **May 2018.**
- Once accepted, parents must then register their child at the Central Registration. Office, located in the Central Administration Building–630 66th Street, NF, NY 14304 **by June 29, 2018.**
- Once all slots have been filled, a waiting list will be created.

For More Information Call (716) 286 - 4253

Household Income Form

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4, and sign the application.**

Name: _____ CASE #: _____

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

All Household Members (including yourself and all children that have income).

List all Household members not listed in Step 1 (including yourself) **even if they do not receive income.** For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

*Last Four Digits of Social Security Number: XXX-XX-____-____

I do not have a SS#:

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS#" box before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Home Address: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Island White

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
 Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster

Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____

Free Meals Reduced Price Meals Denied/Paid

Signature of Reviewing Official _____ Date Notice Sent: _____