



Fayetteville-Manlius

SCHOOL DISTRICT

■ 8199 East Seneca Turnpike
Manlius, NY 13104
■ Phone: (315) 692-1234

UNIVERSAL PRE-KINDERGARTEN REGISTRATION FORM FOR 2025-26 SCHOOL YEAR

Student's Name: _____
Last
First
Middle

Date of Birth: _____ Gender: Female Male Non-binary

Address: _____ City/Zip: _____

TRANSPORTATION

If a student requires transportation to or from UPK, they will be placed at a site that serves students within a particular geographic zone to allow for transportation efficiency. The district can only transport to and from a student's home or a licensed daycare within district boundaries.

Will your child require transportation to and from universal pre-kindergarten daily? Yes No

*If yes, please indicate the morning address: _____

and the afternoon drop off address: _____

SITE PREFERENCE

Families are able to rank the three centers in order of preference **if transportation is not required**. Students needing transportation will be assigned to a center within their residential zone. If space is available at the first preference when we reach your child's number during the lottery, the child will be placed there; otherwise, the second preference will be considered. If the second preference is declined by the parent, you will then have declined enrollment in the UPK program.

_____ Hal Welsh YMCA, Fayetteville
Manlius
(2 classes, 8:30-1:30)

_____ Manlius YMCA
(2 classes, 8:30-1:30)

_____ Shining Stars Daycare,
(2 classes, 8:30-1:30 & 2 classes, 9:00-2:00.
The district is unable to provide transportation for the
classes that operate from 9:00-2:00.)

FAMILY INFORMATION

Parent/Guardian Name: _____ Relationship to student: _____

Email address: _____

Work Phone: _____ Cell Phone: _____

Home address if different than student: _____

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Email address: _____

Work Phone: _____ Cell Phone: _____

Home address if different than student: _____



Marital Status of Student's Parents: Married Divorced Separated Other

Is there a custody agreement in place? Y N (If yes, please provide the district with a copy of the agreement.)

If yes, which parent/guardian has physical custody? _____

Younger siblings living at above listed home address:

<i>Last Name, First Name, MI</i>	<i>Date of Birth</i>

Non-custodial parent/guardian contact (information for school mailings/communications):

Parent/Guardian Name: _____ Relationship to student: _____

Email address: _____ Phone numbers: _____

Home Address: _____

Does your child currently have an IEP? Yes No

If you suspect that your child has an educational disability, please contact the Executive Director of Early Childhood and Human Resources at (315) 692-1208.

Ethnicity/Race: Is your child Hispanic, Latino, or of Spanish origin? Yes No

(Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.)

Please select one or more races from the following racial groups that apply to your child (please select at least one):

- American Indian/Alaskan Native Asian Black or African-American
 Native Hawaiian/ Other Pacific Islander White

Is ENGLISH the primary language spoken in the home? Yes No

If no, what is the primary language spoken in the home? _____

Student Information (optional): Are you/your spouse/your child a migratory worker? Yes No

I understand that statements made in this form will be relied upon by the Fayetteville-Manlius School District. I swear/affirm that these statements are true under the penalty of perjury, and I understand that the filing of a false instrument and the theft of services from a governmental agency such as a school district may be punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution. _____ (Initial here please)

Please include a copy of the documents listed below with the completed registration form. Incomplete registrations cannot be included in the UPK lottery. Registration materials will be shared with the UPK site when a child is placed at a program.

- Birth Certificate/Passport Immunization Records Medical Records/Proof of Physical
 Emergent Multilingual Learners Profile
 Proof of Residency (one required)
 Valid NYS Driver's License Voter Registration/ Income Tax Return
 Statement of Sale or Rental Agreement Utility Bill, Credit Card bill, Insurance bill, etc.

Please call (315) 692-1234 with any questions regarding documentation, proof of residency, or guardianship/custody.

OFFICE USE ONLY:

Approved by: _____

Date: _____