



# 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: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

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:

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

**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.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Birth Certificate/Passport             | <input type="checkbox"/> Immunization Records                                 | <input type="checkbox"/> Medical Records/Proof of Physical |
| <input type="checkbox"/> Emergent Multilingual Learners Profile |   |  |
| <input type="checkbox"/> Proof of Residency (one required)      |   |  |
| <input type="checkbox"/> Valid NYS Driver's License             | <input type="checkbox"/> Voter Registration/ Income Tax Return                |  |
| <input type="checkbox"/> Statement of Sale or Rental Agreement  | <input type="checkbox"/> 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: \_\_\_\_\_