

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	t	Middle				
Date of Birth:	Gende	er: 🗆 Female 🗀 Male	e □ Non-binary					
Address:	City/Zip:							
TRANSPORTATION If a student requires transport geographic zone to allow for licensed daycare within district Will your child require transport *If yes, place	transportation efficience ot boundaries. ortation to and from t	ency. The district can on	<i>ly transport to and fron</i> en daily? □ Yes □ I	<u>n a student's home or a</u> No				
SITE PREFERENCE Families are able to rank the three be assigned to a center within the during the lottery, the child will be declined by the parent, you will to	ee centers in order of proper residential zone. If specific placed there; otherwise	eference if transportation pace is available at the first ise, the second preference	is not required. Students preference when we read will be considered. If the	needing transportation will ch your child's number				
Hal Welsh YMCA, Faye	tteville	Manlius YMCA	Sh	ining Stars Daycare,				
Manlius (2 classes, 8:30-1:30)	(:	2 classes, 8:30-1:30)	(2 classes, 8:30-1:30 & The district is unable t classes that operate fr	o provide transportation for the				
FAMILY INFORMATION			·	,				
Parent/Guardian Name:	arent/Guardian Name: Relationship to student:							
Email address:								
Work Phone:	Cell Phone:							
Home address if diffe	erent than student: _							
Parent/Guardian Name:			Relationship to student	::				
Email address:								
Work Phone:		Cell Phor	ne:					
Home address if diffe	erent than student:							

Marital	Status of Stud	ent's Parents: 🗆 Ma	arried Divorced	□ Se	parated [] Other		
Is there	a custody agr	eement in place? \Box \	′□N (If yes, p	lease _l	orovide the	e district with a	copy of the ag	reement.)
If yes, w	hich parent/g	uardian has physical	custody?					
Younger	r siblings living	at above listed home	e address:					
Last N	ame, First Naı	me, MI	Date of Birth					
Non-cus	stodial parent	/guardian contact (ir	formation for sch	ool ma	ilings/con	nmunications):		
Parent/	Guardian Nam	ie:			Relati	onship to stude	ent:	
Email ac	ddress:				-	Phone number	ers:	
Home A								
If you sus	ur child curre	ntly have an IEP? child has an educationa	□ Yes □ No					
(Hispanio culture o Please s	c, Latino, or of S r origin, regard	nore races from the fo	person of Cuban, Mex	ican, P	uerto Rican t apply to	, Central or South		
☐ Nativ	e Hawaiian/ C	ther Pacific Islander	☐ White					
Is ENGLI	ISH the primar	ry language spoken in	the home?	□ Ye	s □ No			
If no. wl	hat is the prim	ary language spoken	in the home?					
		optional): Are you						- ⊒ No
swear/a instrum York Sta prosecu	affirm that the ent and the the ate Law. I furt ation.		ue under the pena a governmental ag at making false sta <mark>ase)</mark>	Ity of property of the second	perjury, ar such as a s ts in this a	nd I understand school district m affidavit may su	that the filing nay be punisha bject me to cr	of a false ble under New iminal
		of the documents list K lottery. Registration						
	Birth Certifica	ate/Passport 🗆	Immunization Re	cords		Medical Reco	rds/Proof of P	hysical
	Emergent Mu	ultilingual Learners Pr	rofile					
□ Proof of Residency (one required)								
		d NYS Driver's License	9		Voter Reg	gistration/ Incon	ne Tax Return	
	□ Stat	ement of Sale or Ren	tal Agreement		_	, Credit Card bil		l, etc.
Please o	call (315) 692-	1234 with any questi	ions regarding doc	ument	ation, pro	of of residency,	or guardiansl	nip/custody.
OFFICE Approve	USE ONLY: ed by:					Date	::	