



Watertown City School District
2024-2025 PRE-K APPLICATION
3 Year Old Full Day Program

Office Use
Received _____
CBO/School _____

MUST LIVE IN THE WATERTOWN CITY SD

Student Information

Child's Name _____ Date of Birth ____/____/____

Children must be 3 years old by Dec 1, 2024

Child's Gender ☐ Male ☐ Female ☐ Non-Binary ☐ Prefer Not to Say
Primary Language spoken at home: _____

FOR QUESTIONS/CONCERNS CONTACT:

Elizabeth Maurer
Pre-Kindergarten Administrator
Email: emaurer@watertowncsd.org
Phone: 315-786-5071
Address: 532 S. Massey Street
Watertown, NY 13601

Early Intervention Services/Committee on Preschool Special Education

Has your child ever received Early Intervention Services (Speech, OT, PT or SEIT)? ☐ Yes ☐ No

Does your child currently have an IEP **and** receive Special Education Services (Speech, OT, PT or SEIT)? ☐ Yes ☐ No



Household Information

☐ Mother ☐ Step-Mother ☐ Father ☐ Step-Father ☐ Legal Guardian ☐ Foster Parent ☐ Other _____

Name: _____ Living in Household? ☐ Yes ☐ No Custody Arrangements? ☐ Yes ☐ No
Address: _____ City _____ State _____ Zip _____
Primary Phone Number: _____ Alternate Phone: _____
Employer: _____ Work Phone: _____
ACTIVE MILITARY: ☐ Yes ☐ No Rank/Unit: _____ Email Address: _____
CIVILIAN Personnel: ☐ Yes ☐ No (employed on Ft. Drum – non-military)

☐ Mother ☐ Step-Mother ☐ Father ☐ Step-Father ☐ Legal Guardian ☐ Foster Parent ☐ Other _____

Name: _____ Living in Household? ☐ Yes ☐ No Custody Arrangements? ☐ Yes ☐ No
Address: _____ City _____ State _____ Zip _____
Primary Phone Number: _____ Alternate Phone: _____
Employer: _____ Work Phone: _____
ACTIVE MILITARY: ☐ Yes ☐ No Rank/Unit: _____ Email Address: _____
CIVILIAN Personnel: ☐ Yes ☐ No (employed on Ft. Drum – non-military)

**Site information is subject to change (hours, childcare availability, location, etc.). Please note that locations as well as the agencies providing services may change up to September 2024 and preferences are not guaranteed.*

****Transportation is the responsibility of the parent/guardian****

Child's Name: _____ Date of Birth _____/_____/_____

Preference – Please choose a site by placing a number in order of preference.

☐

Bright Beginnings Early Learning Center - Hours 8:45 AM- 2:15 PM

420 Gaffney Dr., Watertown, NY. (315) 836-1242 *Wrap around childcare available at an additional charge

(7:00am-5:00pm)

☐

CAPC at North Elementary School - Hours 8:30 AM–1:30 PM

171 E. Hoard St., Watertown, NY (315) 782-4900 ext. 236

☐

CAPC UPK/Head Start Combo Program - Hours 8:00 AM– 1:00 PM

518 Davidson St., Watertown, NY (315) 782-4900 ext. 236 ****Families MUST meet Head Start eligibility requirements****

☐

First Step Day Care Inc. - Hours 8:30 AM - 1:30 PM *Wrap around childcare available at an additional charge

317 Washington St. (State Office Bldg), Watertown, NY. (315) 788-5437

(7:30am-5:30pm)

☐

Jefferson Campus Care - Hours 8:30 AM - 1:30 PM *Wrap around childcare available at an additional charge

1220 Coffeen St., Bldg 8, Watertown, NY. (315) 786-2357

(7:30am-5:00pm)

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Little Lukes at Ohio Elementary School - Hours 8:00 AM– 1:00 PM

1537 Ohio St., Watertown, NY. (315) 786-7285

☐

New Day Children's Center - Hours 8:00 AM - 1:00 PM *Wrap around childcare available at an additional charge

327 Franklin St., Watertown, NY. (315) 788-1787

(7:00am-5:00pm)

☐

The Treehouse Child Care Center- Hours 8:00 AM - 1:00 PM *Wrap around childcare available at an additional charge

1635 Ohio St., Watertown, NY. (315) 786-7285

(6:30am-5:30pm)

☐

YMCA at Starbuck Elementary School - Hours 8:00 AM– 1:00 PM

430 E. Hoard St., Watertown, NY (315) 755-1208

☐

YMCA at YMCA Daycare - Hours 8:00 AM-1:00 PM *Wrap around childcare available at an additional charge

514 Washington St., Watertown, NY. (315) 755-1208

(6:30am-5:30pm)



I affirm that the information included in this application is true and complete to the best of my knowledge. I understand that completing this application does not guarantee my child's admission. I understand that my personal information will be kept confidential.

Parent/Guardian Signature _____ Date _____

*Please return completed application to 532 S. Massey Street, Watertown (drop box at entrance of building)
or email to emaurer@watertowncsd.org.*