

**East Ramapo Central School District
UNIVERSAL PRE-KINDERGARTEN (UPK) APPLICATION**

Universal Prekindergarten (UPK) is now accepting applications for the 2025-2026 school year. UPK is a special Early Childhood program that was established by the New York State Education Department and contracted School Districts to provide an early learning experience for the children of eligible families. Eligible families are defined as those who live in a contracted School District and have children who will be four years old by December 1, 2025 (born between 12/2/20 and 12/1/21.) (UPK pending funding approval in the NYS budget).

All ERCSD UPK programs are conducted with a qualified teacher and an assistant in every class. The children attend five (5) half days for 2 1/2 hours or five (5) Full days for 5 hours, 180 days per school year.

INELIGIBILITY: Students who are unable to attend UPK 5 days a week for the entire school year or children with incomplete immunizations may be ineligible.

THESE PROGRAMS DO NOT OFFER TRANSPORTATION.

When you return the completed application, please include the following copies that we may keep:

- 1. A copy of your child's original birth certificate. (If the birth certificate is not in English, we need a copy of your child's passport).
- 2. A completed, signed, or stamped record of your child's up-to-date immunizations and a completed, most recent health appraisal form with the physician's name and address included. (The attached sample Health Appraisal form may be used, or you may submit a form from the physician's office.) **Please note: You have 14 days from the start of the school year to submit your child's completed immunization record or a physician's schedule for completion.**
- 3. Proof of district residency (Documentation showing your name & address; current utility bills, apartment leases, mortgage statements, bank statements, or residency affidavits. **Unacceptable** proof of residence includes; driver's license, credit card bills, and magazines.
- 4. Parent/Guardian Identification
- 5. A telephone number where you can be reached between the hours of 8:00 AM and 4:00 PM.

RETURN THE COMPLETED APPLICATION BY MAY 09, 2025 TO:
Universal Pre-Kindergarten of East Ramapo Central School District
105 South Madison Ave, Spring Valley, N.Y. 10977
Family Center Entrance

PHONE: (845)577-6251/ FAX: (845) 577-6255

ATTN: Jacquelin Contreras email: jcontreras@ercsd.org / Joely Ferreras email: jferreras@ercsd.org

If an application is received after May 09th and slots are still available, the applicant will be considered for placement. When mailing, emailing, or faxing an application, **please call our office to make sure it was received.** For further assistance with this application, please call Jacquelin Contreras at (845)-577-6114 or Joely Ferreras (845)-577-6251.

STATEMENT OF METHOD FOR SELECTION OF CHILDREN

The East Ramapo Universal Prekindergarten program oversees the registration process: review and accept the applications and verify eligibility. If, by the deadline, more requests are made than NYSED has funded for ERCSD, a lottery will be used to select children to participate in the UPK program. Children not selected in the lottery will be placed on a waiting list. After May 09, 2025, the UPK office will continue to accept applications and will admit eligible students if slots are available. If enrollment has reached capacity, the applicants will be added to a waitlist. **Children will be considered for the lottery and the waitlist if their *completed* application, birth certificate, immunization record, health appraisal form, and proof of residency are on file with the ERCSD central office.** Children will be placed into UPK programs according to their parents' choice, whenever possible. Parents/Guardians will be notified of the status of their child's application once a child has been placed.

EAST RAMAPO CENTRAL SCHOOL DISTRICT

UNIVERSAL PRE-K

2025 - 2026

Date Received:

____/____/____

- BIRTH CERTIFICATE
PROOF OF RESIDENCY
IMMUNIZATION RECORD
HEALTH APPRAISAL
PARENT IDENTIFICATION
VISION and HEARING
HOME LANGUAGE QUESTIONNAIRE

SITE ATTENDING:

- MISSING DOCUMENTS:
BIRTH CERTIFICATE
PROOF OF RESIDENCY
IMMUNIZATION RECORD
HEALTH APPRAISAL
PARENT IDENTIFICATION
HLQ

Child's First Name: _____ Last Name: _____

Date of Birth: _____ Gender: [] Male [] Female

Primary Language Spoken at Home: _____

Ethnicity: [] African American or Black [] Asian [] Hispanic [] Native American [] Pacific Islander [] White

Please describe any special needs: _____

Mother's First Name: _____ Last Name: _____

Father's First Name: _____ Last Name: _____

Home Address: _____ Apt # _____

City: _____ State: NY Zip: _____

Mother's Home Phone: _____ Cell: _____ Work #: _____

Father's Home Phone: _____ Cell: _____ Work #: _____

Mother's Email Address: _____

Father's Email Address: _____

Please indicate your school choices:

1st Choice _____ 2nd Choice _____ 3rd Choice _____

*If any of your contact information changes during the school year, our office needs to be notified appropriately.

I have completed the application and submitted the required documentation. I have received information about lead and dental screening with this application. I understand that my application will not be considered for selection unless all of the following documentation has been submitted:

- Birth Certificate Proof of Residency Immunization Record Home Language Questionnaire
Health Appraisal Parent Identification

Parent/Guardian Signature _____ Date: _____

EAST RAMAPO UNIVERSAL PREKINDERGARTEN (UPK) PROGRAM INFORMATION

CURRICULUM

UPK is a developmentally appropriate, learner-centered educational program for four-year-olds. The goal of the UPK program is to provide your child with high-quality instruction and structured activities designed to facilitate social-emotional growth, as well as develop language and communication, creative and critical thinking, and gross and fine motor skills. The importance of play is also emphasized as teachers plan developmentally appropriate experiences for your child. Through play, children explore and construct understandings about the world and themselves.

CREATIVE CURRICULUM

The Creative Curriculum for Preschool was chosen for the Universal Prekindergarten program because it is directly aligned with the New York State Early Learning Standards and because it emphasizes developmentally appropriate practices. The Creative Curriculum encourages children to experiment, problem-solve, explore, and pursue their own interests.

ASSESSMENTS

THE BRIGANCE SCREENING

A diagnostic development screening will be administered to your child at their UPK site prior to December 1st of the 2024-2025 school year, as per Part 117 of the New York State Education Regulations. In New York State, children are required to be screened at the first point of entry into the school district. The diagnostic screening tool used is the **Brigance Early Childhood Screen III**. The data from this screening will help the district identify any children who may require additional services or supports, as well as those children who may seem gifted, or advanced.

ONGOING ASSESSMENTS

Ongoing assessments help the teachers to plan their instruction and monitor the growth and development of your children. The assessments are aligned with the objectives and goals of the curriculum and the NYS Standards for prekindergarten.

PARENTAL INVOLVEMENT

The role parents play in their child's education is very important. There are many levels of parent involvement, and we encourage you to participate to the extent that your schedule permits. Here are some ways you can be involved in your child's UPK experience:

- Read to your child daily.
- Implement teacher suggestions to help reinforce learning.
- Read newsletters and parent bulletins from your child's school.
- Attend parent-teacher conferences.
- Attend special school events.
- Communicate with your child's teacher.
- Keep your child's teacher informed if there should be events in your child's life that may impact mood changes or participation in the program.

UPK HEALTH REQUIREMENTS

As required by the New York State Education Department, you will need to submit proof that your child has had a complete physical exam, prior to the start of the school year.

UPK IMMUNIZATION REQUIREMENTS

It is mandatory for each child enrolled in the NYSED to have a health statement on file that includes an up-to-date immunization record, signed by their medical care provider. The immunization record of all students enrolled in UPK will be reviewed to ensure that they meet NYS regulations. Parents must submit the completed record of immunizations within 14 days from the start of the school year. Children who have moved into the district from out of state have 30 days to submit the record. There are only two exceptions for proof of completed immunizations - 1) proof of a schedule to receive missing immunizations or 2) a medical exemption documented by a healthcare provider.

*Your child's application will **NOT** be entered into a school without proof of the following immunizations: 4 DTAP, 3 Hepatitis B, 3 IPV, 3 HIB (or 1 HIB administered after 15 months old), 1 MMR, 1 Varicella, 3 Pevnar (Pneumococcal) (only 2 if administered between 12-23 months old, only 1 if administered after 23 months old) see- <http://www.health.state.ny.us/publications/2370.pdf>*

Health Appraisal/Medical Statement:

You may use the form provided in this application, or another form. However, all required information must be completed as shown. *Ensure that your doctor includes the vision and hearing screenings, BMI and BMI %, as well as any specific allergies or conditions.* If a PPD test is not done, ask the doctor to write "not indicated" or another comment. In certain grades, BMI percentile is reported to the NYS Department of Health. No names are sent in the report. However, if you choose to have your child's information excluded from this report, please mark the appropriate box on the health appraisal form.

Please be aware that our sites will need to follow CDC guidelines and NYS DOH requirements during emergency times.

RECOMMENDATION SCREENINGS

Dental Screening

The American Academy of Pediatric Dentistry recommends a dental check-up at least twice a year for most children. Some children need more frequent dental visits because of increased risks of tooth decay, unusual growth patterns, or poor oral hygiene.

Lead Screening

Children can get "lead poisoning" from lead paint in older homes, contaminated soil, imported toys, ceramic dishes, water flowing from old pipes, etc. The symptoms may look like minor illnesses, but the potential damage is enormous and may cause reduced IQ, slowed body growth, hearing problems, behavior and attention problems, or kidney damage.



East Ramapo Central School District

105 South Madison Avenue, Spring Valley, NY 10977

A Unified Community Educating the Whole Child ...

Office of Funded Programs
845-577.6031
845-577-6068 - Fax

Dr. Clarence G. Ellis
Superintendent of Schools
845.577.6011

Executive Dr. Daniel H. Shanahan
Director of Funded Programs
845.577.6031

IMMUNIZATION VERIFICATION

(To be completed by the School Administrator)

SCHOOL _____

DATE _____

STUDENT _____

DUE DATE 9/22/25 _____

The staff of the Universal Pre-Kindergarten program has reviewed the proof of immunization record for your child. The site administrator will complete a final review to confirm the information is valid and complete.

Your child is admitted into the UPK program with a **14 DAY TEMPORARY ADMISSION**. This will allow the site administrator sufficient time to complete a final review and verify that your child's immunizations are up to date. (If you have moved from another state or country, you have 30 days to complete your child's immunizations.)

The school office will contact you regarding any need for further documentation. Failure to provide such information may force the administrator to exclude your child from the UPK Program.

I have read the above statement, I understand what that means for me and my child, and I agree to comply with the immunization requirements.

PARENT/ GUARDIAN SIGNATURE

PARENT/ GUARDIAN PRINT NAME

DATE SIGNED AND RECEIVED

UPK STAFF

PROOF OF IMMUNIZATIONS _____ ATTACHED _____ NOT ATTACHED

Universal Prekindergarten (UPK) Health Appraisal

Child's Name: _____

Date of Birth: _____

HEALTH CARE PROVIDER: REQUIRED INFORMATION FOR ADMISSION

Life Threatening Allergies or Conditions: Y N (specify) _____

Is medication regularly taken? Y N (Specify drug(s) and condition(s)) _____

Is a special diet required? Y N (Specify diet and condition) _____

Are there any medical or developmental conditions requiring special attention? Y N

If yes, specify: _____

(Please attach an Individual Health Care Plan for a child with special Health Care Needs)

Immunization record attached Schedule of appointments to receive missing immunizations attached

This child is free from communicable diseases and is fit for preschool activities Y N

Body Mass Index: _____

Vision- without glasses/contact lenses _____

Weight Status Category (BMI Percentile)
_____ %

Vision- with glasses/contact lenses _____

Vision- Near Point: _____

Vision Subjectively Normal

Unable to cooperate

Hearing Subjectively Normal

Unable to cooperate

Hearing pass 20 db sc both ears or: _____

RECOMMENDED INFORMATION FOR PERMANENT SCHOOL RECORDS

Height: _____ Weight: _____ Blood Pressure: _____ Normal Condition Indicated Above

Sickle Cell Screen: Positive Negative Date: _____ Not Done

PPD: Positive Negative Date: _____ Not Done

Lead Level: _____ Date: _____ Not Done

Dental: Referred to Dental Dental Certificate Attached

Dr. Signature: _____

Date _____

PLEASE COMPLETE THE ENTIRE FORM FAX (845) 577-6255

DR. STAMP:

2024-25 School Year New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:

All children must be age-appropriately immunized to attend school in New York State. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in accordance with the ["ACIP-Recommended Child and Adolescent Immunization Schedule."](#) Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes must meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule

Vaccines	Pre-Kindergarten (Day Care, Head Start, Nursery or Pre-K)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td) ²	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older		3 doses
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap) ³		Not applicable		1 dose
Polio vaccine (IPV/OPV) ⁴	3 doses		4 doses or 3 doses if the 3rd dose was received at 4 years or older	
Measles, Mumps and Rubella vaccine (MMR) ⁵	1 dose		2 doses	
Hepatitis B vaccine ⁶	3 doses		3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years	
Varicella (Chickenpox) vaccine ⁷	1 dose		2 doses	
Meningococcal conjugate vaccine (MenACWY) ⁸		Not applicable	Grades 7, 8, 9, 10 and 11: 1 dose	2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹	1 to 4 doses			Not applicable
Pneumococcal Conjugate vaccine (PCV) ¹⁰	1 to 4 doses			Not applicable

1. Demonstrated serologic evidence of measles, mumps or rubella antibodies or laboratory confirmation of these diseases is acceptable proof of immunity to these diseases. Serologic tests for polio are acceptable proof of immunity only if the test was performed before September 1, 2019, and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Demonstrated serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.
2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.
 - c. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older.
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6 through 10: 10 years; minimum age for grades 11 and 12: 7 years).
 - a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
 - b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2024-25, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 through 10; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 11 and 12.
 - c. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.
4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
 - c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
 - d. For children with a record of OPV, only trivalent OPV (tOPV) counts toward New York State school polio vaccine requirements. Doses of OPV given before April 1, 2016, should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016, must not be counted.
5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
 - a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. Measles: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
 - c. Mumps: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
 - d. Rubella: At least one dose is required for all grades (pre-kindergarten through 12).
6. Hepatitis B vaccine
 - a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks (when 4 doses are given, substitute "dose 4" for "dose 3" in these calculations).
 - b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.
7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
 - a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.
8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7 through 11: 10 years; minimum age for grade 12: 6 weeks).
 - a. One dose of meningococcal conjugate vaccine (Menactra, Menveo or MenQuadfi) is required for students entering grades 7, 8, 9, 10 and 11.
 - b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
 - c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.
9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
 - c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
 - d. If dose 1 was received at 15 months or older, only 1 dose is required.
 - e. Hib vaccine is not required for children 5 years or older.
 - f. For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.
10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
 - c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
 - d. If one dose of vaccine was received at 24 months or older, no further doses are required.
 - e. PCV is not required for children 5 years or older.
 - f. For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.

For further information, contact:

**New York State Department of Health
Division of Vaccine Excellence
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437**

**New York City Department of Health and Mental Hygiene
School Compliance Unit, Bureau of Immunization
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433**

New York State Department of Health/Division of Vaccine Excellence
health.ny.gov/immunization



Lissette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

*Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ specify	<input type="checkbox"/> Father _____ specify	<input type="checkbox"/> Guardian(s) _____ specify
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School

Address

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes* No Not sure *If yes, please explain: _____

How severe do you think these difficulties are? Minor Somewhat severe Very severe

10a. Has your child ever been referred for a special education evaluation in the past? No Yes* *Please complete 10b below

10b. *If referred for an evaluation, has your child ever received any special education services in the past?

No Yes – Type of services received: _____

Age at which services received (Please check all that apply):

Birth to 3 years (Early Intervention) 3 to 5 years (Special Education) 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? No Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

12. In what language(s) would you like to receive information from the school? _____

Signature of Parent or of Person in Parental Relation

Month: _____ Day: _____ Year: _____
Date

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: No Yes

**DATE OF INDIVIDUAL INTERVIEW:

Mo. DAY YR.

OUTCOME OF INDIVIDUAL INTERVIEW: ADMINISTER NYSITELL
 ENGLISH PROFICIENT
 REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL ADMINISTRATION:

Mo. DAY YR.

PROFICIENCY LEVEL ACHIEVED ON NYSITELL:

ENTERING EMERGING TRANSITIONING EXPANDING COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

UNIVERSAL PRE-KINDERGARTEN
PROGRAM LIST

Is your child currently enrolled in an Early Childhood program? Yes No

If yes, name of program? _____

All Universal Prekindergarten eligible applicants are permitted to enroll their child(ren) in any of the listed Early Childhood programs. Attached is the list of Early Childhood programs alphabetically by villages/towns.

Please review the UPK program list, and indicate your school choices – on the application page: 1st Choice 2nd Choice and 3rd Choice

All ERCSD prekindergarten sites are listed with their school hours and full-day/half-day availability.

****We recommend that parents contact individual sites for information about their program and visit the UPK Early Childhood program prior to selection.**

Children will be placed into UPK programs according to their parents' choice, whenever possible. Parents/Guardians will be notified of the status of their child's application once child has been placed.

The Universal Prekindergarten of East Ramapo can only place your child in a program, **NOT** a classroom. The classroom assignment and time of operation are made at the discretion of each Early Childhood program.

<u>Village</u>	<u>Site Name</u>	<u>Address</u>	<u>Contact Person & Number</u>
<u>Chestnut Ridge</u>	Bais Yaakov Elementary of Rockland County ***	681 Chestnut Ridge Road Chestnut Ridge, NY	Leeba Rabinowitz (845)368-2247 x105
	Ohr Hatorah	681 Chestnut Ridge Road Chestnut Ridge, NY 10977	Chaim Itzkowitz (845)729-5555
<u>Monsey</u>	Cong. Bais Malka ***	48 Grandview Ave Spring Valley, NY 10977	Mrs. Moskowicz (845)354-9500
	Cong. Beth Rochel ***	145 Saddle River Road Monsey, NY 10952	Yechezkel Shimon (845)352-5000 x1110
	Cong. Bobover Yeshiva - Bnei Zion ***	230 Viola Road Monsey, NY 10952	Shraga Blum (845)356-5001
	Bnos Zion of Bobov Monsey (Bobover Girls)	230 Viola Road Monsey, NY 10952	Usher Leser (845)406-4996
	Cong. Talmud Torah D'Chasidei Bobov - Girls ***	116 College Rd Monsey, NY 10940	Mr. Kleinman (845)517-3935
	Cong. Vien of Monsey - Bnos ***	70 Highview Road Monsey, NY 10952	Mr. Brody (845)547-7272
	Cong. Yeshuos Moshe Viznitz ***	49 South Main St. Spring Valley, NY 10977	Mr. Lowy (845)579-6363
	Cong. Yetev Lev - Central UTA Girls ***	236 Cherry Lane Monsey, NY 10952	Mr. Rottenberg (845)371-3400
	Mosdos Sanz Klausenberg Boys ***	8 Eckerson Lane, Spring Valley, NY 10977	Ben Sompolinsky (845)578-9807
	Mosdos Sanz Klausenberg Girls ***	5 Gibbs Court Monsey, NY 10952	Ben Sompolinsky (845)578-9807
	Talmud Torah Darkei Avos ***	235 N Pascack Rd. Spring Valley, NY 10952	David Mashinsky (845) 371-2476
	Yeshiva Bais Mikroh ***	221 Viola Road Monsey, NY 10952	Rabbi Chaim Bodenheimer (845)425-4880
	Yeshiva Beth David ***	22 W. Maple Avenue Monsey, NY 10952	David Pilchick (845)352-3100
	Yeshiva Darkei Emunah ***	201 Route 306 Monsey, NY 10952	Abraham Felberbaum (845)356-2761
	Yeshiva of Spring Valley ***	142 Grandview Avenue Monsey, NY 10952	Chanie Jacobs (845)356-1400 x242
	Zichron Shmuel	261 Route 306 Monsey, NY 10952	Yoel Muller (845) 237-2006
<u>New City</u>	ASHAR	360 New Hempstead Rd New City, NY 10956	Jacqueline Borgen (845)357-1515
	Kesser Bais Yakov ***	175 West Clarkstown RD. New City, NY 10956	Michael Kraus (845)474-2424
	Cheder Chabad of Monsey ***	228 New Hempstead New City, NY 10956	Chaya Light (845)356-1213
<u>New Square</u>	CIC Boys	103 Clinton Lane Spring Valley, NY 10977	Brenda Weisz (845)354-4100

<u>Village</u>	<u>Site Name</u>	<u>Address</u>	<u>Contact Person & Number</u>
	CIC Girls	15 Roosevelt Ave. New Square, NY 10977	Avigayil Kravetz (845)364-5389
<u>Pomona</u>	Bais Yaakov Chofetz Chaim of Pomona ***	44 Camp Hill Road Pomona, NY 10970	Leah D. Zaks (845)362-3166
<u>Spring Valley</u>	Congregation Yeshiva of Greater Monsey ***	677 New Hempstead Road Spring Valley, NY 10977	Jordan Most (845) 362-7700 Ext 106
	Bais Trany of Monsey ***	185 North Main Street Spring Valley, NY 10977	Moishe Silberman (845)371-6900 x102
	Bnei Yakov Yosef of Monsey ***	23 Union Road Spring Valley, NY 10977	Mrs. T. Lauber (845)573-9400 x102
	Bas Mikroh Girls' School ***	381 Viola Road Spring Valley, NY 10977	Serena Weinberger (845)352-5296
	Bnos Borov, Inc. - Bnos Derech Yisroel ***	246 N. Main Street Spring Valley, NY 10977	Mr. Schreiber (845)354-1002
	Bnos Esther Pupa ***	246 N. Main Street Spring Valley, NY 10977	Rabbi Schmidt (845)371-1220 x102
	Cong. Machzikei Hadas of Belz ***	3 N. Cole Avenue Spring Valley, NY 10977	Rabbi Wolkenfeld (845)425-0909 x111
	Cong. Yetev Lev - Central UTA Boys ***	766 North Main Street Spring Valley, NY 10977	Mr. Rottenberg (845)371-3400
	Cong. Talmud Torah D'Chasidei Bobov - Boys ***	49 S. Main Street Spring Valley, NY 10977	Mr. Kleinman (845)352-2644 x107
	HASC	46 Grandview Ave. Spring Valley, NY 10977	Rivky Reich (845)356-0191
	Mosdos Sanz ***	50 Slinn Avenue Spring Valley, NY 10977	Miriam Eisenberger (845)459-8128
	Talmud Torah Adas Yereim ***	33 Union Road Spring Valley, NY 10977	Lazar Katz (845)425-5678 x101
	Yeshiva Degel Hatorah ***	111 Maple Avenue Spring Valley, NY 10977	Rabbi Moshe Schwab (845)356-4610
	Yeshiva Ketana Toras Chaim ***	681 Chestnut Ridge Bldg #14 Spring Valley, NY 10977	Yosef Dov Perlstein (845)352- 8470
	Cong. Talmud Torah Imrei Bina	4 North Main St. Spring Valley, NY 10977	Shimon Moses (845)356- 4138
	Yeshiva Tzoin Yosef Pupa ***	15 Widman Court Spring Valley, NY 10977	Rabbi Schmidt (845)371-1220 x102
<u>Suffern</u>			
	Cong. Kollel Chasidei Rachmistrivka ***	93 Highview Road Suffern, NY 10901	David Kalisch (845) 357-5550 x101
	Congregation Ramapo Cheder ***	344 Spook Rock Road Suffern, NY 10901	Jordan Most (845) 362-7700 Ext 106
	Tiferes Bais Yaakov ***	344 Spook Rock Road Suffern, NY 10901	Jordan Most (845) 362-7700 Ext 106
	Yeshivas Ohr Reuven ***	257 Grandview Avenue Suffern, NY 10901	Rina Weisman (845)352-7100

*** Members of the Yeshiva Association of Rockland County (YARC)

ERCSD UPK FULL DAY CHOICES

Please choose 3 schools from this list of Full-Day (5-hour) Programs

<u>Choices 1, 2, 3</u>	<u>Village</u>	<u>Site Name</u>	<u>Schedule</u>	<u>Address</u>	<u>Contact Person & Number</u>
	<u>Garnerville</u>	St. Gregory Barbarigo School	8:00-1:00	29 Cinder Rd. Garnerville, NY 10923	Noreen Clark (845) 947-1330
		Head Start of Rockland Haverstraw	8:30-2:30	117 Route 9W Haverstraw, NY 10927	Tanya Soto (845) 429-2225
	<u>Nanuet</u>	The Playhouse Preschool of Rockland	9:00-3:00	121 West Nyack Rd. Ste.6 Nanuet, NY 10954	Holly Allen (845) 215-9430
		St. Anthony's School	8:00-1:00	34 West Nyack Rd. Nanuet, NY 10954	Woodrow Hallaway (845) 268-2311
	<u>New City</u>	Jawonio, Inc.	9:00 - 2:30	155 Phillips Hill Road New City, NY 10956	Heidi McCarthy (845) 708-2001
		Smarty Pants Daycare	8:30 - 1:30	484 New Hempstead Rd. New City, NY 10956	Hisha Ewing (845)678-3809
		Sonshine Community Nursery & Daycare	9:15 - 2:15	384 New Hempstead Rd. New City, NY 10956	Donisia Decicco (845) 634-7828
	<u>Pomona</u>	Rockland Childcare & Daycare	9:30 - 3:00	50 Sanatorium Road (Bldgr) Pomona, NY 10970	Maria Lane (845)364-2697

ERCSD UPK FULL DAY CHOICES

<u>Choices</u> 1, 2, 3	<u>Village</u>	<u>Site Name</u>	<u>Schedule</u>	<u>Address</u>	<u>Contact Person & Number</u>
		Cornerstone	8:30 - 1:30	384 New Hempstead Rd. New City, NY 10956	Janet Rosa Sanchez (845) 637-3439
	Spring Valley	Little Lambs	8:30 - 1:30	224 Brick Church Road New Hempstead, NY 10977	Donisia Decicco (845) 290-1073
		Kidsnet Child Care Program	8:00-1:00	19 Perlman Drive Spring Valley, NY 10977	Darnett Davis (845)290-0411
		Tots 2 Teens	8:00-1:00	27 Kennedy Dr Spring Valley, NY 10977	James Fraiser (845) 290-7379
		Head Start of Rockland Spring Valley	7:30-2:00	1 Head Start Circle Spring Viley, NY 10977	Miriam Kahan (845) 352-6671
		West Street CCLC	7:30 - 12:30 1:00-6:00	96 North Main Street Spring Valley, NY 10977	Alexus Williams (845) 425-2379
	Congers	LillGenies	8:30- 1:30	285 North Route 303 Congers, NY 10920	Brandi Panisse (845) 589-0775
	Valley Cottage	St. Paul School	8:00-1:00	365 Kings Highway Valley Cottage, NY 10989	Woodrow Hallaway (845) 268-6506

ERCSD UPK FULL DAY CHOICES