Universal Pre-Kindergarten (UPK) Information

Dear Parents/Guardians,

The Seneca Falls Central School District is committed to providing a high quality Universal Pre-Kindergarten (UPK) program for the 2025-2026 school year. Our UPK program is designed to provide an enriching and developmentally appropriate experience for four-year-old students. Below is important information about our program:

- Location and Time: Frank M. Knight School during normal school hours.
- Calendar: Follows the Frank M. Knight School calendar.
- Meals: Breakfast and lunch will be offered. Families are encouraged to complete the Free/Reduced Meal Application.
- Program cost: There is no cost to participate.
- Transportation: Provided for children who are four- years-old at the start of the school year or after turning four-years-old.

Eligible children are defined as those who live in the boundaries of the Seneca Falls Central School District and will be four-years-old on or before December 1, 2025. If your child is eligible for kindergarten (four-years-old and turning five by December 1, 2025), they are not eligible to attend UPK.

Our program consists of a total of 36 slots for two UPK classrooms (18 in each classroom). If we receive more than 36 applications, we will use a lottery to draw for the 36 available slots. Twins or students residing in the same household will receive a spot if one twin's name or the other child residing in the residence's name is drawn. Students not drawn will be added to a waitlist in the order they are drawn. Please note that lottery results will not be shared over the phone. We will notify families by mail.

The following dates and deadlines are very important:

- February 10: Registration packets available (online, picked up at the Frank M. Knight Main Office located at 98 Clinton St., or by calling (315) 568-5500 Ext. 3100 to have a registration packet mailed to you).
- If you need assistance completing the registration packet, support will be available by appointment only by calling Ms. Lawler at (315) 568-5500 Ext. 3100.
- March 21: Registration Packet deadline! All completed registration packets are due to the Frank M. Knight Main Office. Packets received after March 21 will automatically be added to the end of the waitlist.
- March 26: Lottery Drawing (if more than 36 applications).
- April 1: Notification letters are mailed to students who receive a slot and those on the waitlist.

If you have any questions, please contact Ms. Clendenen at 315-568-5500 Ext. 3100

Seneca Falls Central School District

UPK Registration Packet Checklist

A completed registration packet consists of:

- ☐ Housing Questionnaire (Will be completed with school staff)
- ☐ Proof of Residency
- ☐ Proof of Student's Age
- ☐ Enrollment Form
- ☐ Student Racial and Ethnicity Identification Form (if applicable)
- ☐ Medical History Form
- ☐ Transportation Form
- ☐ Current Physical
- ☐ Immunization Record
- ☐ Proof of Custody and/or Court Documents/Orders (if applicable)
- ☐ Emergent Multilingual Learners Language Profile

Physical and immunization records can be faxed directly to the elementary school office at 315-712-0527. **Please request that "**UPK**" be noted on the forms being faxed. You must provide your child's current health records. When they return to the doctor for a future well visit, have the updated health records faxed or dropped off. The physical and immunization records are valid for one year, it is not necessary to request a new appointment with your child's doctor for UPK registration. Questions about the physical and immunization forms can be directed to our school nurse at 315-568-5500 ext. 3500.

Seneca Falls Central School District
PreKindergarten Pupil Registration & Enrollment Form
(Please Print)

Student ID _____ Homeroom_____ 1st day attended _____ Re-Enrolled?____
Bldg. HS MS CS FK CSE ___Proof of Age ___Custody Papers ___Proof of Residency

Student Name _____ Gender M F
Last First Middle

Residence Address _____
Mailing Address? Yes ___ No (provide) _____

Birth date _____ Place of Birth _____Grade _____ Age Proof B.C. Pass Other

Home Language (please list all languages spoken in the home) _____

Primary Language_____ Previous Limited English Instruction? Yes No

Does your child currently receive any Special Education Services? (e.g. Special Education Itinerant Service (SEIT), Special Class (Happiness House), or Speech-Language Therapy)
YES NO If yes, please specify_____

Attended Preschool or Head Start? No Yes If yes, name of Head Start/Preschool_____

Preschool address and phone number _____

Marital Status of Parent(s)/Guardian(s): Single Married Separated Divorced
Custody: Sole Joint N/A ***Paperwork must be presented for files***

1st Parent/Guardian - contact to be reached first _____

Primary Phone_____ Active military? _____ Branch?_____

Employer Name & address _____

Business Phone ( ) _____ ext. _____ Email:_____

2nd Parent/Guardian _____ Primary Phone_____

Home address (if not the same as student)_____

Separate mailing is required: Yes No Active military? _____ Branch?_____

Employer Name & address _____

Business Phone ( ) _____ ext. _____ Email:_____

OVER

Adult Emergency Contact (Needs to be a different person than parent/guardian listed)
Do not leave blank

Name_____ Phone_____

Address_____

Childcare Provider/Caregiver

Name _____Phone _____

Address _____

* **If this student is of Hispanic ethnicity, please complete the SREI form attached**

Please circle any of the following racial codes that apply:

A – Asian B – Black or African American I – American Indian or Alaska Native

N – Native Hawaiian or Pacific Islander W - White

List all other children who reside in the same household (newborn to age 18 OR 21 if handicapped)

First and Last Name	Date of Birth	Male/Female	Grade	Handicapped

Signature of person registering child _____

Relationship to child _____

Please be aware that the SFCSD uses photos, video, live streams, etc. to promote the District. It is understood that the photos, video, live streams will be used on the district's web site, social media, and publications. In the event that your child's image is not permitted to be included in such promotions, please contact the Building Principal or Athletic Director.

To the Parent/Guardian: In accordance with recommended requirements of the NYSED, the Seneca Falls Central School district will collect and record the ethnic identity of students. The information will be used for to:

- Report information to the State and Federal Education Departments.
- Plan educational programs and make sure they are readily available to all students.
- Study the movement of students in different ethnic groups as they move from school to school.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the back page. Put a (√) in the box for the category or categories which best describer your child. The Seneca Falls Central School district understand the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

CONFIDENTILALITY PROCEDURES AND REGULATIONS

To School Staff: This form will be filed in the student's permanent record as confidential information.

To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulation cited below.

The Family Education Rights and Privacy Act (1974) prohibit unauthorized access to student records and unauthorized release of any student's record information identifiable by either student name or students identification number.

PLEASE COMPLETE THE FORM ON THE REVERSE SIDE.

ADA Compliant

SENECA FALLS CENTRAL SCHOOL DISTRICT

Student Racial and Ethnicity Identification (SREI)

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Name of School: _____

School District Student Identification Number: _____

Student Last First, Middle Name: _____

Date of Birth: _____ **Grade Level:** _____

Directions to Parent/Guardian:
PLEASE ANSWER QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND.
Check (√) the box that best describes your child. Check (√) only ONE box.

Is the student Hispanic, Latino, or of Spanish origin? 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.

- ☐ YES, Hispanic
- ☐ NO, Not Hispanic

Select one or more races from the following five racial groups Check (√) all groups that apply to your child; Check (√) at least ONE box:

- ☐ **AMERICAN INDIAN OR ALASKA NATIVE**: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit, (but not limited to those listed)
- ☐ **ASIAN**: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER**: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **BLACK**: A person having origins in any of the black racial groups of Africa
- ☐ **WHITE**: A person having origins in any of the original peoples of Europe, including Spain, North Africa, or the Middle East _____

Signature of Parent or Guardian or Other: _____
Date: _____

Relationship to Student (please check one box below):
☐ Mother ☐ Father ☐ Guardian ☐ Other (specify): _____

See reverse for important message to Parents/Guardians and Confidentiality Procedures and Regulations.

Seneca Falls Central School District
Medical History

Student's Name _____ Date of Birth _____ Grade _____
Parent/Guardian Name(s) _____
Home Address _____ Phone _____
Physician's Name _____ Phone _____

Medical History: Does your child have or has he/she had any of the following:

Date:	**Date:**	**Date:**
____ Chickenpox	____ Pneumonia	____ Meningitis
____ Diphtheria	____ Rheumatic Fever	____ Encephalitis
____ German Measles	____ Scarlet Fever	____ Tuberculosis or contact with
____ Measles	____ Diabetes	____ Bowel Problems
____ Mumps	____ Epilepsy	____ Kidney Problems
____ Whooping Cough	____ Heart Disease	

Does your child have:

1. **Asthma** Yes ____ No ____
   If yes, please describe what triggers an attack, how often attacks are, and what treatment is given:
   _____
   _____
2. **Seizures** Yes ____ No ____
   If yes, please describe how often, how long they last, and what treatment is used:
   _____
   _____
3. **Frequent earaches or ear infections** Yes ____ No ____
4. **Frequent sore throat or strep throat** Yes ____ No ____
5. **Hyperactivity/Attention Deficit Disorder** Yes ____ No ____
   If yes, please describe how it is being treated:
   _____
6. **Allergies** Yes ____ No ____
   If yes, please mark what type of allergy
   ____Food (what food) _____
   ____Bees
   ____Medication (name/type of medication) _____
   ____Seasonal/Environmental _____
   What reaction does your child have to the allergy? _____
   What treatment is required for this allergy? _____
7. **Does your child take any medication during school hours?** Yes ____ No ____
   If yes, name of medication and dosage? _____
   _____

You must supply the school with a written statement from the doctor for #7

Has your child ever had:

A serious head injury Yes ____ No ____

If yes, please describe the injury, when it happened, treatment, and any lasting effect on student:

_____

Lead poisoning Yes ____ No ____

If yes, when and how was it treated?

_____

A serious injury or accident Yes ____ No ____

If yes, please describe and give date

_____

An operation Yes ____ No ____

If yes, please describe and give date

_____

Been hospitalized Yes ____ No ____

If yes, for what reason and when?

_____

Any problem with eyes or eyesight Yes ____ No ____

If yes, has he/she been seen by an eye examiner? Yes ____ No ____

If yes, please give date and results of exam and treatment recommended

_____

Any problem with ears or hearing Yes ____ No ____

If yes, has he/she had a hearing test or evaluation? Yes ____ No ____

If yes, please give date and results of exam and treatment recommended

_____

Speech or language problem Yes ____ No ____

If yes, was a speech or language evaluation done? Yes ____ No ____

If yes, please give date and results of evaluation and recommendation

_____

Other medical problems not previously listed _____

_____

Does your child have any physical disabilities that would limit his/her involvement in physical education class? Yes ____ No ____

If yes, please describe _____

_____

You will need to send a doctor's statement to school if your child cannot fully participate in physical education class.

Any other problems or concerns you would like the school nurse to be aware of? _____

_____

_____

Parent/Guardian Signature _____ Date _____

Seneca Falls Central School District
Transportation Department
Busing Instructions for Students Entering Frank Knight School
2025-2026

PLEASE NOTE: YOU MUST STILL COMPLETE A FORM FOR YOUR CHILD(REN) EVEN IF YOU ARE NOT REQUESTING TRANSPORTATION SERVICES FROM THE DISTRICT. THERE IS A PLACE FOR YOU TO INDICATE THEY DO NOT REQUIRE TRANSPORTATION

Shelley Dyson, Transportation Director
Aimee Bennett, Dispatcher
2 Butler Street
Seneca Falls, NY 13148

e-mail: sdyson@senecafallscsd.org
e-mail abennett@senecafallscsd.org
PH: *(315) 568-5500, x**5450***

Board of Education Policy allows for transportation of students in grades Pre K-4 (must be age 4) living more than 2/10ths of a mile from school; grade 5 living more than 1 mile from school; and 6-12 living more than 1-1/2 miles from school, to and from their home, sitter's home or cluster points in the area.

This application is used for student school bus transportation arrangements for the **2025-2026** school year. With our continued focus on students' safety, we will not be able to take permanent transportation information over the phone. For your child's protection, we require detailed information regarding pick-up and drop-off arrangements with a parent or guardian's signature.

- **A separate application is required for each student.**
- **A new application is required for any change that is made during the school year.**
- **A new application is required every school year.**
- **Failure to turn in an application will mean your child will not be scheduled for transportation.**
- **Children are not allowed to ride the bus until they are 4 years of age**

Please complete this form and return it to the transportation office no later than July 1, 2025. If we do not receive this request by the date indicated, your child will not have transportation for the upcoming year. We can accommodate **one change per semester**, if necessary. If a change needs to be made, please contact our office as soon as possible to complete a new form. We can be reached between 7:00 a.m. and 4:00 p.m. at (315) 568-5500 ext. 5450. **We will not accept changes over the phone, all changes must be in writing. A minimum of three (3) school days is required to make a schedule change.** Drivers are not permitted to transport students to any other address than is noted on this form. We cannot make bus changes to a different address for play dates/social dates. Once a schedule is established, it must remain consistent. Bus stops must be located within the Seneca Falls Central School District. Emergency situations may arise, please contact the bus garage at (315) 568-5500 ext. 5450 and we will attempt to assist with an emergency change. If your address changes, you must make the change through the "Parent Portal" or by calling the school your child(ren) attend.

Students are required to arrive at their bus stop 5 minutes before the bus arrival time. Please remember that the first few weeks of school are hectic and buses may not be on "schedule." Your child may arrive home later than usual. Times may fluctuate according to student ridership, traffic, and weather conditions. School delays and cancellations are announced through our *"Connect-Ed"* phone system as well as on radio station 98.5 and some Syracuse and Rochester television stations. Our office is closed on Labor Day. Thank you.

Information regarding bus stops Seneca Falls Central School District is also available through the following link http://www.infofinderi.com/ifi/?cid=SFC4PPQIOLAM

Seneca Falls Central School District
Transportation Department
Shelley Dyson, Transportation Supervisor
Aimee Bennett, Dispatcher
2 Butler St., Seneca Falls, New York 13148
Phone (315) 568-5500 ext. 5450

REQUEST FOR TRANSPORTATION – Frank Knight 2025-2026

Please indicate if New or Change: **New Request:** ☐ **Change:** ☐

Student Info

Name:	Entering Grade:	**Place ✓ if no transportation needed**	

Parent/Guardian Info

Name(s):
Address:
Primary Phone #:
Secondary Phone #:

All Changes: Must be made by parent/guardian
Must be in writing (no phone calls/faxes/emails)
Must be in person either at student's school or at District Office

Primary/Home Location Information:

Address:			
Please circle the appropriate days below that student **will be transported to / from primary (home) location.**			
Office use Bus #	AM Home to School M T W Th F	Office use Bus #	PM School to Home M T W Th F

Daycare or Alternate Site Information:

Daycare Contact Name:		Phone:	
Address:			
Please circle the appropriate days below that student **will be transported to / from Daycare or Alternate Site.**			
Office use Bus #	AM Daycare or Alternate Site to School M T W Th F	Office use Bus #	PM School to Daycare or Alternate Site M T W Th F

Desired Effective Date **(Please allow 3-5 business days):**	Effective Date: Office Use Only
Parent/Guardian Signature:	Date Received: Office Use Only
Identification Verified By: Office Use Only	Date Entered: Office Use Only

October 2017

NEW YORK STATE EDUCATION DEPARTMENT
Emergent Multilingual Learners Language Profile for Prekindergarten Students[i]

Dear Parent or Guardian,
Thank you for completing the Emergent Multilingual Learners Language Profile. This survey will assist your new school with valuable information about your child's experience with languages. Information gathered will assist Prekindergarten educators in delivering academically and linguistically relevant instruction that strengthens the language and literacy of all students.

THIS SECTION TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY AND MAINTAINED ON FILE
Date Profile Completed:
Student Name:
Gender:
Date of Birth:
District or Community Based Organization Name:
Student ID (if applicable):
Name of Person Administering Profile:
Title:

Parent or Person in Parental Relation Information

Name of parent or person in parental relation:

Relationship (to student) of person providing information for this profile: ☐ mother ☐ father ☐ other _____

In what language(s) would you like to receive information from the school? ☐ English ☐ other home language:

Language in the Home

1. In what language(s) do you (parents or guardians) speak to your child at home?

2. What is/are the primary language(s) of each parent/guardian in your home? (List all that apply.)

3. Is there a caretaker in the home? ☐ yes ☐ no

If yes, what language(s) does the caretaker speak most frequently?

4. What language(s) does your child understand?

5. In what language(s) does your child speak with other people?

6. Does your child have siblings? ☐ yes ☐ no

If yes, in what language(s) do the children speak with each other most of the time?

7a. At what age did your child begin to speak in short sentences?

In what language?

7b. At what age did your child begin to speak in full sentences?

In what language?

8. In what language does your child pretend play?

9. How has your child learned English so far (television shows, siblings, childcare, etc.)?

Language Outside the Home/Family

10. Has your child attended any nursery, Head Start or childcare program? ☐ yes ☐ no

If yes, in what language was the program conducted?

In what language does your child interact with other people in the nursery or childcare setting?

11. How would you describe your child's language use with friends?

Language Goals

12. What are your language goals for your child? For example, do you want child to become proficient in more than one language?

13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual? ☐ yes ☐ no

14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family?
☐ yes ☐ no

If yes, in what language(s)?

Emergent Literacy

15. Does your child have books at home or does he or she read books from the library?

In what language(s) are these books read to him or her?

16a. Can your child name any letters or sounds in English? ☐ yes ☐ no

16b. Can your child recognize letters or symbols in another language? ☐ yes ☐ no

If yes, in what language(s)?

17a. Does your child pretend to read? ☐ yes ☐ no ☐ unsure

If yes, in what language(s)?

17b. Does your child pretend to write? ☐ yes ☐ no ☐ unsure

If yes, in what language(s)?

18. Does your child tell the stories from his/her favorite books or videos? ☐ yes ☐ no

If yes, in what language(s)?

19. Does your child's childcare or nursery program describe goals for his or her learning? ☐ yes ☐ no

If so, what goals do they describe?

20. Please describe anything special you did to prepare your child to begin Prekindergarten.

[i] For more information contact: the New York State Education Department Office of Early Learning at (518) 474-5807 or email OEL@nysed.gov or the New York State Education Department Office of Bilingual Education and World Languages at (518) 474-8775 or (718) 722-2445 or email OBEWL@nysed.gov.