Nyack Public Schools
Universal Pre-K Application 2026-2027

13A Dickinson Avenue
Nyack, NY 10960
(845) 353-7000 Fax - (845) 353-7019
Email - smena@nyackschools.org

Dear Parents/Guardians,

Universal Prekindergarten (UPK) and Statewide Full-Day Prekindergarten are special early childhood programs that were established by the New York State Education Department (NYSED) and contracted by 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, 2026 (your child must have been born between December 1, 2021, and December 1, 2022). Universal Prekindergarten and Statewide Full-Day Prekindergarten are now accepting applications for the 2025-2026 school year **(pending funding approval in the NYS budget)** this is an early childhood program conducted with a qualified teacher and an assistant in every class. The children in UPK attend five (5) half days for 2½ hours each day; the children in Statewide Full-Day Prekindergarten attend five (5) days a week for 5 hours each day for 180 days per school year, at no cost to you.

STATEMENT OF METHOD FOR SELECTION OF CHILDREN: Nyack Public School District will **r**eview copies of the completed applications and verify eligibility. If more requests are made than NYSED has funded, a lottery will be used to select children to participate in the UPK and Statewide Full-Day Prekindergarten program. Children will be considered for the lottery if the application, proof of age eligibility, and proof of residency are on file with this office. Children will be placed according to parent choice, if possible. If you are selected for the program, additional documentation will be required and a in person interview before the beginning of the program. Parents/Guardians will be notified by mail of the status of their child's placement once slots have been filled. Notification will be sent by the end of May 2026. For further information or assistance, please contact Ms. Susana Mena at (845) 353-7000. When you return the application, please include the following:

1. Proof of age eligibility:
   A. A duly certified transcript of a birth certificate filed according to the law, or a duly certified transcript of a record of baptism, giving the date of birth; or, passport.
   B. A completed, signed, or stamped record of your child's **up-to-date** immunizations and a complete, most recent health report.
2. Proof of residency- - Two documents showing proof of residency. **Examples:** Lease, contract, deed, utility bill (water, cable, Orange and Rockland, etc.)
3. **UNACCEPTABLE DOCUMENTS** as proof of residency are handwritten envelopes, magazine covers, termination notice for utility bills and income tax returns.
4. Finally few forms that can be emailed to you once application has been received. You can email, mail it or call the District Registrar to make an appointment to drop them off.

Please return the completed application no later than April 17, 2025, to:

Nyack Public Schools Central Registration
13A Dickinson Avenue, Nyack, NY 10960
Email - smena@nyackschools.org

If an application is received and/or postmarked after April 17, 2026, the application will be placed on a waiting list if there are no placements available.

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Child's First Name: _____ Last Name: _____

Date of Birth: _____Gender_____

Language Spoken at Home (if other than English): _____

Does your child currently receive any type of Special Education Services (i.e., physical therapy, occupational therapy, speech therapy)? If Yes Where_____

RACE /THNICITY

Is your child Hispanic, Latino or of Spanish origin? □ Yes □ No

□ Black □ American Indian/ Alaskan Native □ White □ Asian □ Native Hawaiian/Pacific Islander

CUSTODIAL PARENT/GUARDIAN & CONTACT INFORMATION

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Relationship: _____

Please indicate the best form of communication □ Mail □ Email □ Cell Phone □ Home Phone

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Relationship_____

Where is the student currently living? (Please check one box) □ Permanent Housing □ With another family □ Other (Please describe) _____

HOME ADDRESS

Street _____ Apt#: _____

City_____ State: _____ Zip Code _____

SIBLINGS (BROTHERS /SISTERS)

Name: _____ DOB _____ In District_____

Name: _____ _ DOB_____ In District_____

I have completed the application and submitted the required documentation. I understand that my application will not be considered for selection unless all the documentation has been submitted and is complete:

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

Signature of Parent/Guardian _____ Date _____