Olean Pre-K Registration 2026-27

Registration Forms are due by Thursday, April 2nd.
Registrations received after this date will be accepted based on availability.

Child Registration and Family Information

Child's Last Name	Child's First Name	Birthdate (mm/dd/yyyy)	male female

Parent/Guardian Name			Parent/Guardian Name	
Child's Street Address			City	Zip
Child's Mailing Address (if different, or type "same")			City	Zip
Phone	Contact Name	Phone Number	Email Address	
1				
2				

Brothers & Sisters	Grade in 25-26	School	Birth Date

Child resides with:

- ○ Both parents
- ○ Father only
- ○ Mother only
- ○ Other (Specify)_____
- ○ Grandparents
- ○ Foster parents
- ○ Step parents

Has your child had any preschool experience before? Yes No

Name of the program attended: _____

Do you have any concerns about your child's development? Yes No (If yes, please mark in which areas below)

- ○ Speech/language Impairment
- ○ Developmental Delay
- ○ Vision Impairment
- ○ Behavior
- ○ Hearing Impairment
- ○ Physical Impairment
- ○ Health Impairment
- ○ Social/Emotional
- ○ Other:_____

Specialist/Clinic/School District working with my child: _____

Please name any agencies that have or are currently working with your family (optional): _____
_____

Office Use Only

Over Please ➔

RESIDENCY INFORMATION:

To assist in preparing enrollment paperwork, we ask the following information on your residency:

Do you currently:

- ☐ *Rent home/apartment*
- ☐ *Own home*
- ☐ *Share housing with another family*
- ☐ *Other: _____*

PROGRAM LOCATION:

	Universal Pre-Kindergarten
	Please mark your neighborhood school. Add additional information if desired. ☐ *East View Elementary* ☐ *Washington West Elementary* ☐ *Not sure*
	Project Head Start *Classrooms are located in each elementary school and at the Olean Head Start Center on Elm Street.*

I (We) certify that the above information is true and correct.

I (We) understand that I need to submit proof of **CHILD'S BIRTH DATE, PHYSICAL, IMMUNIZATIONS, and RESIDENCY** upon request.

I (We) further understand this application does not guarantee that my child will be enrolled in any preschool program.

I (We) understand that the program specifics may change due to funding, health & safety requirements, or other factors.

I (We) give permission to Olean City Schools to share this registration form with the programs indicated above.

I (We) understand and consent to a developmental screening conducted by the school district.

_____ _____

Parent/Guardian Signature Date

_____ _____

Parent/Guardian Signature Date

Please return this registration form to:

Jacki Falk, Central Registrar
Olean City School District
410 West Sullivan Street
Olean, New York 14760

Please contact us with any questions:

Jen Mahar, Director of Special Programs
Phone: (716) 375-8039
Fax: (716) 375-8915
Email: jmahar@oleanschools.org

Jacki Falk, Central Registrar
Phone: (716) 375-8998
Fax: (716) 375-8915
Email: jfalk@oleanschools.org

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