

Averill Park Central School District
146 Gettle Road, ST1
Averill Park, NY 12018 Tele: (518) 674-7050



**UNIVERSAL PRE-KINDERGARTEN PROGRAM – FULL DAY
2025-2026
ATTENTION: PARENTS OF FOUR YEAR OLD CHILDREN**

Dear Parent/Guardian,

Averill Park Central School District residents who have a child who will be four years of age on or before December 1, 2025 are invited to apply for their child's admission to the Universal Pre-Kindergarten Program (UPK) for the 2025-2026 school year. The program is a free full-day program, located at multiple sites in Rensselaer County under contract with Averill Park CSD and funded by a New York State Grant for September 2025 through June 2026. Transportation will **not** be provided for this program.

THE PROGRAM HAS LIMITED SPACE AND PARTICIPANTS WILL BE CHOSEN BY LOTTERY SELECTION. A WAITING LIST WILL BE ESTABLISHED TO FILL ANY VACANCIES THAT MAY ARISE.

In order to participate in the program, you must be a resident of the Averill Park CSD and your child must be 4 years-old as of December 1, 2025 (your child must be born between December 2, 2020 and December 1, 2021). The registration process is handled through this office for the Averill Park Central School District. UPK regulations require the use of a lottery for student selection should we receive more applications than we have seats for.

If you are interested, please fill out the application below. This application, along with a copy of your child's birth certificate, current immunization record, and proof of your residency, two proofs of residency, must be received and/or postmarked no later than **Friday, March 7th**. Please mail the form and the required documents to (they can also be delivered to the District Office or scanned and emailed to ernestj@apcsd.org) Julie Ernest (Please do not send pictures of the documents they print dark and are hard to read.)

Averill Park District Office
146 Gettle Road, ST1
Averill Park, NY 12018

Those selected in the lottery process will be notified by email. (the week of March 17th)

Proofs of residency and copy of birth certificate and current immunization record must be received with this application in order to be eligible for this program. Two proofs of residency are required:

Proof of home residency include:

- Mortgage statement or Lease agreement
- Driver's license plus auto insurance card
- One utility bill
- Property tax receipt
- Recent pay stub with address
- Voter's registration card

This program is fully funded by a New York State Department of Education grant. All placements in the program are entirely contingent upon the re-authorization of the Universal Pre-Kindergarten grant.

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#AP_EveryStudentEveryDay

Matthew Hladun
Assistant Superintendent
for Teaching and Learning

Dr. James Franchini
Superintendent of Schools

Carrie Nyc-Chevrier
Assistant Superintendent
for Business

FAQ about UPK

1. What is Universal Pre-Kindergarten (UPK)?

UPK is a free preschool experience made possible through grants from the New York State Education Department (NYSED). As long as the funding remains available, the district can offer the program.

2. Is the UPK program free?

Yes, those students selected to go are paid for through the NYS UPK grant. There are no fees paid by the family or the district.

3. What days are the children off from school?

The program follows the calendar of the Community-Based Organization (CBO) that is hosting the program.

4. How long is the program?

It is a full-day program – a minimum of 5 hours per day, Monday through Friday

5. Is the program run by the Averill Park Central School District?

The program is administered by the Averill Park CSD but is offered at community-based organizations (CBO's). The locations for the 2025-26 school year will be located outside the school district borders but in areas near the Averill Park school district.

6. Who is eligible? How do I apply?

District children who turn 4 years of age by December 1, 2025 are eligible for the program. To apply, you must fill out the application and submit by Friday, March 7, 2025. Your application must include a copy of your child's birth certificate, immunization, and two proofs of residence.

7. Can all district 4-year-olds attend?

No. During the 2042-25 school year, we were able to offer up to 79 spots in the UPK program. If applications exceed the number of students that we have seats for, a lottery will be held to determine who will be able to participate. Everyone else will be placed on a waiting list. If any vacancies occur during the year, they will be filled from the waiting list until it is exhausted.

8. How will I know if my child has been chosen?

The lottery will be held on Monday, March 17th. Parents of children participating in the lottery will be notified via email within one week of the drawing.

9. Can I pick which site I want my child to attend?

No, however we do ask all registered families to rank the preference for attending each of our sites and make every attempt to offer a spot in the first or second choice in our lottery.

10. How does the waiting list work?

If, for any reason, a child drops out of the UPK program, the next family on the waiting list will be offered the vacant spot. If the family declines the vacancy for any reason, they will be removed from the waiting list and no longer eligible to participate in the UPK program.

11. Can a parent pay for an eligible child to attend additional hours in the program?

All questions regarding additional hours should be addressed with the provider.

12. If my child is going to be absent/be picked up early, who do I call?

The program provider.

13. Is transportation available?

No. Families must provide transportation for their child. It is expected that students will be dropped off and picked up at the appointed starting and ending times for their particular class.

14. What is taught in the program?

All UPK providers that are contracted by the district must follow the New York State Prekindergarten Learning Standards. Each UPK provider is permitted flexibility in how they choose to deliver the curriculum with Averill Park.

15. If I was planning to send my child to one of the preschools that host an Averill Park UPK program for pre-school, do I need to apply?

If you would like your child to be part of the district's no-cost UPK program, then you must complete our application.

16. Is there a screening test for UPK students?

Yes, all UPK students must participate in our screening process. Families participating in our UPK program will be notified of the specific dates and times of the screening.

**AVERILL PARK CENTRAL SCHOOL DISTRICT
REGISTRATION FORM 20__-20__**

New Student - AP

New Student – Non - AP

SCHOOL: HS ___ AMS ___ MHSL ___ PES ___ WSL ___ Private School ___ Non-Resident ___ Preschool ___
Official use only

Student Information

Student # _____ Grade _____ Homeroom _____
 Student Name _____ Date of Birth _____ Gender M F
 Current School _____ Home Lang _____
 Mailing Address _____ 911 Address (If different from Mailing - No PO Boxes) _____

 Primary Telephone _____ Unlisted _____

Parent/Guardian Information

Parent/Guardian Information

Name _____ Name _____
 Relationship Father Mother Step-Father Relationship Father Mother Step-Father
 (circle one) Step-Mother Other _____ (circle one) Step-Mother Other _____
 Marital Status _____ Marital Status _____
 Custody Arrangements _____ Custody Arrangements _____
 Address _____ Address _____
 (If Different from Student) (If Different from Student)
 Employer _____ Employer _____
 Work Phone _____ Work Phone _____
 Cell Phone _____ Cell Phone _____
 E-Mail Address _____ E-Mail Address _____

Student Racial and Ethnic Identification

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND.

1. Select the box that best describes your child. Select only ONE box. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or 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**

2. Select ONE or MORE races from the following racial groups. You may select all groups that apply to your child. Select at least ONE box.

- American Indian or Alaskan 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.
- 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.
- Black: A person having origins in any of the black racial groups of Africa.
- Native Hawaiian/Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

(Complete and sign reverse)

Additional Student Information

Non-school age children (5 and younger) living at this address

Name	Date of Birth	Male/Female	Name	Date of Birth	Male/Female
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Housing Information

Foster Home Yes No Migrant Yes No

Is your current address a temporary living arrangement? Yes No

Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

For Immigrants Only

Initial Date of Entry into U.S. _____ Years in U.S. Schools _____ Country of Origin _____

For Elementary Students Only - Unplanned Early Dismissal

Unplanned early dismissals may occur without notice. Please provide information below based upon this (Choose only one)

- 1. Send my child on regular bus and have him get off at regular stop
- 2. My child will be picked up by parent/guardian or an emergency contact

Emergency Contacts

Other than parents/guardians, list in order those individuals Averill Park can call during regular school hours in case of emergencies.

Name and Relationship	Telephone	pick up from school
_____	_____	YES _____
_____	_____	YES _____
_____	_____	YES _____

Automated Telephone Notification System Information

In the event of an emergency (early dismissal) your Home number and the 2 numbers listed below will be called. For non-emergency situations (community outreach, attendance and cafeteria notification) only your Home number will be called. Please note that this system will not dial extensions. Therefore, please use numbers that will reach you directly.

Telephone _____ Telephone _____ Text _____ Text _____

Parent/Guardian Authorizations (circle yes or no for each)

- Yes No - I authorize potential employers to contact my child.
- Yes No - I authorize military recruiters to contact my child.
- Yes No - I authorize photos to be taken at the Averill Park School District of my child.
- Yes No - I authorize communication to me by telephone, email, or text from the numbers and emails listed.
- Yes No - I authorize my son/daughter to use the computers and internet at school.
- Yes No - I authorize my Grade 5-12 son/daughter to participate in the one-to-one Chromebook program as described in www.averillpark.k12.ny.us/cbhandbook
- Yes No - My child has access to the internet in our home.

I hereby agree that should Averill Park Central School District admit my child to its schools and later determine that said child is not a resident of the district, I may be responsible to reimburse the District for tuition for the period of attendance at said schools. I understand that should I fail or refuse to reimburse the Averill Park Central School District for the tuition, that Averill Park Central School District may take necessary legal steps to obtain said tuition.

Signature of Parent/Guardian _____ Date _____

**AVERILL PARK CENTRAL SCHOOL DISTRICT
RESIDENCY QUESTIONNAIRE**

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Date of Birth: ____/____/____ Grade: _____ ID#: _____
 Female Month Day Year (preschool-12) (optional)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

In a shelter

With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")

In a hotel/motel

In a car, park, bus, train, or campsite

Other temporary living situation (Please describe): _____

In permanent housing

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date

NOTE TO SCHOOLS/LEAS:

If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Elisa Alvarez, Associate 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 Person in Parental Relation:
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.*

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

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"/> Parent 1	_____ specify	<input type="checkbox"/> Parent 2 _____ specify
	<input type="checkbox"/> Guardian(s)	_____ specify	_____ 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? _____

Month: Day: Year:

 Signature of Parent or of Person in Parental Relation

 Date

Relationship to student: Parent 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:

UPK Program Student Registration Form

Averill Park Central School District

SITE REQUEST FORM

Child's Name: _____

Criteria for Acceptance:

- Child must reside within the Averill Park Central School District
- The Child must be 4 years of age on or before December 1st of the school year they are enrolling for.

Random Selection

New Your State requires random selection of all Universal Prekindergarten programs Application will be accepted beginning January 27th. Application will be selected at random to fill the available Pre-K classrooms. You will be notified by mail of your child's placement. Every effort will be made on our part to grant you your Prekindergarten preference.

Additional Childcare

Childcare is an option at some Pre-K sites. This means that a parent can have the option of childcare before and or after the Pre-K day. However, the cost associated with the additional child care is the responsibility of the parent or guardian.

Pleas rank order your 3 choices below.

There will be limited spots available at each of our sites. Please indicate your preference below to help with our planning. **If you do not intend on sending your child to one or more of the sites below, please do not include it in your ranking.**

_____ Holy Spirit School 55 Highland Drive, East Greenbush, NY 12061

_____ St. Jude 42 Dana Avenue Wynantskill, NY 12198

_____ Sacred Heart School 310 Spring Avenue Troy, NY 12180