

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



UNIVERSAL PRE-KINDERGARTEN PROGRAM – FULL DAY
2026-2027
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, 2026 are invited to apply for their child's admission to the Universal Pre-Kindergarten Program (UPK) for the 2026-2027 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 2026 through June 2027. 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, 2026 (your child must be born between December 2, 2021 and December 1, 2022). 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 physical, immunization record, and proof of your residency, two proofs of residency, must be received and/or postmarked no later than **Friday, March 6th**. 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

The lottery will be held during the week of March 16th. Parents of children participating in the lottery will be notified via email within one week of the drawing.

Proofs of residency, a copy of your child's birth certificate, current physical and immunization record must be received with this application in order to be eligible for this program. Two (2) proofs of residency are required:

Proof of home residency include:

- Mortgage statement or Lease agreement
- Driver's license plus auto insurance card
- Current 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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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 2026-27 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, 2026 are eligible for the program. To apply, you must fill out the application and submit by Friday, March 06, 2026. Your application must include a copy of your child's birth certificate, physical, immunization, and two proofs of residence.

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

No. During the 2025-26 school year, we were able to offer up to 63 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 during the week of March 16th. 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 held in August. Families participating in our UPK program will be notified of the specific dates and times of the screening.

**AVERILL PARK CENTRAL SCHOOL DISTRICT
UPK REGISTRATION FORM 2026-2027**

Student Information

Student # _____	Grade <u>UPK</u>
Student Name _____	Date of Birth _____ Gender M F
Primary Telephone _____ Unlisted _____	Home Lang _____
Home Mailing Address _____	911 Address (If different from Mailing - No PO Boxes) _____
_____	_____
_____	_____

Parent/Guardian Information

Parent/Guardian Information

Name _____	Name _____
Relationship (circle one) Father Mother Step-Father Step-Mother Other _____	Relationship (circle one) Father Mother Step-Father Step-Mother Other _____
Marital Status _____	Marital Status _____
Custody Arrangements _____	Custody Arrangements _____
Address (If Different from Student) _____	Address (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 _____

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	<input type="checkbox"/> Parent 2	_____ specify _____ 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	_____ <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <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: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ MO. DAY YR.	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> 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: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____	

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE**

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name:	Affirmed Name (if applicable):	DOB:
Sex Assigned at Birth: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> X	
School:	Grade:	Exam Date:

HEALTH HISTORY

If yes to any diagnoses below, check all that apply and provide additional information.

<input type="checkbox"/> Allergies	Type:	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Asthma	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other:	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> Seizures	Type:	Date of last seizure:	
	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Seizure Care Plan Attached	
<input type="checkbox"/> Diabetes	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes: Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.

BMI _____ kg/m2

Percentile (Weight Status Category): < 5th 5th- 49th 50th- 84th 85th- 94th 95th- 98th 99th and >

Hyperlipidemia: Yes Not Done Hypertension: Yes Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory Testing	Positive	Negative	Date	Lead Level Required for PreK & K
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥5 µg/dL
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		

System Review Within Normal Limits

Abnormal Findings – List Other Pertinent Medical Concerns Below (e.g., concussion, mental health, one functioning organ)

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine/Neck	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list) ICD-10 Code*
<input type="checkbox"/> Additional Information Attached	*Required only for students with an IEP receiving Medicaid

Name:	Affirmed Name (if applicable):	DOB:
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SCREENINGS

Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11

Vision	With Correction <input type="checkbox"/> Yes <input type="checkbox"/> No	Right	Left	Referral	Not Done
Distance Acuity		20/	20/	<input type="checkbox"/> Yes	<input type="checkbox"/>
Near Vision Acuity		20/	20/		<input type="checkbox"/>
Color Perception Screening	<input type="checkbox"/> Pass <input type="checkbox"/> Fail				<input type="checkbox"/>

Notes

Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz. Not Done

Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes	Not Done <input type="checkbox"/>
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Notes

Scoliosis Screening: Boys grade 9, Girls grades 5 & 7	Negative <input type="checkbox"/>	Positive <input type="checkbox"/>	Referral <input type="checkbox"/> Yes	Not Done <input type="checkbox"/>
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FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS*/PLAYGROUND/WORK

*Family cardiac history reviewed – required for Dominic Murray Sudden Cardiac Arrest Prevention Act

Student may participate in all activities without restrictions.

If Restrictions Apply – Complete the information below

Student is restricted from participation in:

- Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
- Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.
- Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.
- Other Restrictions:**

Developmental Stage for Athletic Placement Process ONLY required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level **OR** Grades 9-12 who wish to play at the modified interscholastic sports level.

Tanner Stage: I II III IV V

Other Accommodations*: (e.g., brace, orthotics, insulin pump, prosthetic, sports goggles, etc.) Use additional space below to explain.

*Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions.

MEDICATIONS

Order Form for medication(s) needed at school attached

COMMUNICABLE DISEASE

Confirmed free of communicable disease during exam

IMMUNIZATIONS

Record Attached Reported in NYSIIS

HEALTHCARE PROVIDER

Healthcare Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone:

Fax:

Please Return This Form to Your Child's School Health Office When Completed.