

MINISINK VALLEY CENTRAL SCHOOL DISTRICT

 UNIVERSAL  PRE-K  PROGRAM  APPLICATION

To apply for the universal pre-k program for your child, complete this form, sign your name, enclose proof of residency, student birth certificate and **return it by Friday, June 7, 2019, no later than 3:00 pm** to:

*Diane Super, Registrar
Minisink Valley CSD
PO Box 217
Slate Hill, NY 10973*

Student's Name: _____ Date of Birth: _____

Mailing Address: _____

Physical Address (if different): _____

Telephone Number: _____

Mother's Name: _____ Father's Name: _____

Signature of person completing this form: _____ Date: _____

Note: In the past, students were chosen based on income. As per New York State guidelines, students will now be chosen for the Universal Pre-K Program using a lottery system.

If you need any assistance in completing this application, please call Diane Super at (845) 355-5812.

Student Name _____

Choice of Preschool:

***Proof of residency and birth certificate must accompany application to participate in the lottery.**