Universal Prekindergarten (UPK) and Statewide Full Day Prekindergarten are special early childhood programs which were established by the New York State Education Department (NYSED) and contracted 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, 2020 (your child must have been born between December 1, 2015 and December 1, 2016). Universal Prekindergarten and Statewide Full Day Prekindergarten are now accepting applications for the 2020-2021 school year (pending funding approval in the NYS budget).

These are early childhood programs 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 for five (5) days a week for 5 hours each day. Both programs are for 180 days per school year, at no cost to you.

When you return the completed application, please include the following copies that we may keep:

1. A copy of your child’s original birth certificate. (If the birth certificate is not in English, we need a copy of your child’s passport).
2. A completed signed or stamped record of up-to-date immunizations and health appraisal form with the physician’s name and address included. * See Immunization Requirements* (see page 9)
3. Proof of district residency – 2 Documents are requested (Documentation showing your name & address. Ex.: Mailing address on a current bank statement, tax bill, utility bill or credit card bill. UNACCEPTABLE DOCUMENTS as proof of residence are handwritten envelopes, magazine covers, termination notice for utility bills and income tax returns).
4. Proof of Custody (If child does not live with both parents)
5. A telephone number where you can be reached between 8:30a.m. and 5:00p.m.
6. Included in this application is important lead and dental screening information for you to review.
7. Additional documentation required for Full Day Prekindergarten on page 9

IT IS IMPORTANT TO RETURN THE COMPLETED UPK /FULL DAY APPLICATION BY MARCH 31, 2020 TO:

CHILD CARE RESOURCES OF ROCKLAND, INC.
235 NORTH MAIN STREET, SUITE 11
SPRING VALLEY, N.Y. 10977
FAX: (845) 425-5312
ATTN: Jenine Valentino, email: childcarerockland@gmail.com

INELIGIBILITY: Incomplete application, Immunization Record and/or students who are unable to attend UPK 5 days a week, 2½ hours per day, or 5 hours per day to attend Statewide Full Day Prekindergarten for the entire school year may be ineligible.

If an application is received and/or postmarked after March 31, 2020, the application will be placed into a district waiting pool unless slots are available.

STATEMENT OF METHOD FOR SELECTION OF CHILDREN
Child Care Resources of Rockland, Inc. (CCRR) will oversee the registration process. CCRR will accept the applications and verify eligibility. If more requests are made than NYSED has funded, for a specific school district and/or contracted early childhood program, a lottery will be used to select children to participate in the UPK/Full Day programs. Children will be considered for the lottery if the complete application, birth certificate, complete immunization record, health appraisal form and proof of residency are on file with this office. Children will be placed according to parent choice, if possible. Parents/Guardians will be notified of the status of their child, by mail, once slots have been filled. Notification will be sent by mid May 2020. If your child(ren) are placed into PreK this application will become the property of the school district. For further information or assistance with this application please call Jenine Valentino at (845) 425-0009 x460.

Thank you for your cooperation in providing the necessary information.

Sincerely yours,
Karen Ross
Director of Family, Community and Operations Services
For UPK Early Childhood
Program Use Only
Date Received:

☐ Birth Certificate
☐ Immunizations
☐ Proof of Residency
☐ Health Appraisal Form
☐ Vision Screening
☐ Hearing Screening
☐ BMI Percentile
☐ Home Language Questionnaire

For CCRR Use Only
Date Received:

☐ Birth Certificate
☐ Immunizations
☐ Proof of Residency
☐ Health Appraisal Form
☐ Vision Screening
☐ Hearing Screening
☐ BMI Percentile
☐ Home Language Questionnaire
☐ Parent Survey
☐ Child Care Needs Assessment
☐ Proof of Custody (if applicable)

2020-2021 UNIVERSAL PREKINDERGARTEN
AND
STATEWIDE FULL DAY PREKINDERGARTEN
APPLICATION

CIRCLE THE APPROPRIATE SCHOOL DISTRICT WHERE YOUR FAMILY RESIDES:
NORTH ROCKLAND, NYACK, SOUTH ORANGETOWN, SUFFERN CENTRAL

NOTE: Residents of EAST RAMAPO CENTRAL School District need to call (845) 577-6158

Child's First Name ___________________ Last Name ____________________

Date of Birth ________ Male □ Female □

Is the child Hispanic, Latino or of Spanish origin? □ Yes □ No
Language Spoken at Home (if other than English) ____________________________

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

Has the child had an educational evaluation: □ Yes □ No

Custodial Parent/Guardian ___________________ Other (please explain) ____________________

Parent First Name ___________________ Last Name ____________________

Parent First Name ___________________ Last Name ____________________

Where is the student currently living? (Please check one box)
□ In a shelter □ In a hotel/motel □ In a car, park, bus, train or campsite □ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled up") □ Other temporary living situation (Please describe):

Home Address: Street ___________________________ Apt # ______
City ___________________________ State ______ Zip ______

***** Please circle which phone number should be used for communication *****

Parent Home Phone ___________________ Cell Phone ___________________ Work Phone ___________________

Parent Home Phone ___________________ Cell Phone ___________________ Work Phone ___________________

Email address for correspondence ________________________________

Siblings (Brothers/Sisters):
Name: ___________________ DOB ______ Name: ___________________ DOB ______
Name: ___________________ DOB ______ Name: ___________________ DOB ______

I have completed the application and submitted the requested documentation. I have received information about lead, dental and developmental (Brigance) screenings with this application. I understand that my application will not be considered for selection unless all the following documentation has been submitted and is complete:

☐ Birth Certificate ☐ Complete Immunization Record ☐ Health Appraisal Form
☐ Proof of Residence ☐ Home Language Questionnaire ☐ Parent Education/Engagement Survey
☐ Child Care Needs Assessment ☐ Proof of Custody (if applicable)

Signature of Parent/Guardian ___________________________ Date _____________

*Please write the name of the UPK site you want your child to attend in order of preference*

1st Choice ____________________ 2nd Choice ____________________ 3rd Choice ____________________
Dear Parent or Guardian:
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.

<table>
<thead>
<tr>
<th>STUDENT NAME:</th>
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<tbody>
<tr>
<td>First</td>
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<table>
<thead>
<tr>
<th>DATE OF BIRTH:</th>
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<tbody>
<tr>
<td>Month</td>
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<table>
<thead>
<tr>
<th>GENDER:</th>
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<tbody>
<tr>
<td>☐ Male</td>
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</table>

<table>
<thead>
<tr>
<th>PARENT/PERSO IN PARENTAL RELATION INFO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
</tr>
</tbody>
</table>

**Language Background**
(Please check all that apply)

1. What language(s) is(are) spoken in the student's home or residence?
   - ☐ English
   - ☐ Other

2. What was the first language your child learned?
   - ☐ English
   - ☐ Other

3. What is the Home Language of each parent/guardian?
   - ☐ Mother
   - ☐ Father
   - ☐ Guardian(s)

4. What language(s) does your child understand?
   - ☐ English
   - ☐ Other

5. What language(s) does your child speak?
   - ☐ English
   - ☐ Other
   - ☐ Does not speak

6. What language(s) does your child read?
   - ☐ English
   - ☐ Other
   - ☐ Does not read

7. What language(s) does your child write?
   - ☐ English
   - ☐ Other
   - ☐ Does not write

---

**School District Information:**

**Student ID Number in NYS Student Information System:**

**District Name (Number) & School:**

**Address:**

ENGLISH
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

10b. *If referred for an evaluation, has your child ever received any special education services in the past?*  
   - [ ] No
   - [ ] Yes

   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? ____________________________

   **Signature of Parent or of Person in Parental Relation**
   
   **Month:** ____________________________  **Day:** ____________________________  **Year:** ____________________________  

   **Relationship to student:**  
   - [ ] Mother
   - [ ] Father
   - [ ] 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:**
CHILD CARE NEEDS SURVEY

**DO YOU CURRENTLY HAVE A CHILD AGED 12 OR UNDER? IS YOUR CHILD CURRENTLY IN CARE? ARE YOU LOOKING FOR CHILD CARE? HAVE YOU USED CHILD CARE IN THE PAST?**

The information we gather will help child care resource and referral agencies across New York State to improve services to families. All responses are confidential and your information is not shared with other organizations.

**Surveys must be submitted no later than March 31, 2020.**

1. In which of the five towns do you reside?
   - □ Clarkston
   - □ Haverstraw
   - □ Orangetown
   - □ Ramapo
   - □ Stony Point

2. What are your family compositions?
   - □ Mother, single, working
   - □ Mother, single, not working
   - □ Father, single, working
   - □ Father, single, not working
   - □ 2 parents/guardians, both working
   - □ 2 parents/guardians, 1 working
   - □ 2 parents/guardians, neither working

3. How many children do you have (# in each age group)
   - □ Infants (0-17 months) __________
   - □ Toddlers (18-35 months) __________
   - □ Preschoolers (3-5 years) __________
   - □ K-6th grade __________
   - □ 7th-9th grade __________

4. What is your current family income?
   - □ No income
   - □ Below $50,000
   - □ $50,001-$100,000
   - □ $100,001-$250,000
   - □ Above $250,000

5. While your child(ren) were in care, did you ever have trouble paying?
   - □ Always
   - □ Often
   - □ Sometimes
   - □ Rarely
   - □ Never

6. In order to pay for care did you (check all that apply):
   - □ Borrow from family or friends
   - □ Cut back work hours
   - □ Cut back on basic household expenses
   - □ Cut back on child care hours
   - □ Have a friend/relative watch your children

7. Do you receive assistance (subsidy) to pay for child care?
   - □ Yes
   - □ No

8. If you do receive assistance, do you have trouble paying your parent share/co-pay?
   - □ Yes
   - □ No

9. What are the **TWO MOST** important reasons you selected your current child care arrangements?
   - □ Quality
   - □ Location – close to home
   - □ Location – close to work
   - □ Cost
   - □ Caregiver is a relative
   - □ Children are happy in the program
   - □ Small adult/child ratio
   - □ The program accepts subsidy
   - □ Good learning/education program
   - □ Caregiver is trained and educated
   - □ How I was treated at initial visit
   - □ Heard good things from other parents
   - □ Activities offered for children
   - □ My other child was enrolled in this program
   - □ Provider’s experience with special needs
   - □ Program is nationally accredited
10. Where is or has your child(ren) been cared for in the past 12 months (check all that apply):
   - Child Care Center
   - Licensed/Registered Child Care Home Program
   - Head Start/Early Head Start
   - Nanny/Babysitter in Home
   - Nursery School
   - Preschool
   - With older sibling
   - Care by parent
   - Care by friend/family
   - Camp
   - Before/After school program
   - Library
   - Other __________________________

11. How much do you pay a week for child care? _______________________

12. How many days per week is your child(ren) in care? __________

13. Have you ever withdrawn your child from a program for any of the following reasons? Check all that apply:
   - Cost was too high
   - Change in work hours
   - Moved out of area
   - Provider cannot take my infant (or 2nd child)
   - Provider could be more nurturing
   - Frequent staff changes
   - Provider’s business practices (won’t provide tax information, etc.)
   - Personal dissatisfaction (doesn’t like the person, doesn’t like another staff/household member, child is not happy, etc.)
   - Environment (pets, air quality, safety, etc.)
   - OCFS violations
   - My child was expelled/asked to leave
   - Other __________________________

14. Have child care issues ever caused you to (check all that apply):
   - Call out of work
   - Feel distracted/unproductive at work
   - Leave work early
   - Arrive late
   - Cut back work hours
   - Quit your job
   - Lose your job
   - Change your job within the company (less responsibility)
   - Change jobs to another company
   - Receive disciplinary action
   - No issues
   - Other __________________________

15. Does your employer offer (check all that apply):
   - Work from home
   - Dependent Care Assistance (DAP)
   - Resources to find child care
   - Child care on work-site
   - Financial assistance for child care
   - Flexible schedule
   - Extended maternity/paternity leave
   - Allow you to bring child to work
   - Other __________________________

16. If your employer offered any of the options above, which TWO WOULD be most helpful?
   - Work from home
   - Dependent Care Assistance (DAP)
   - Resources to find child care
   - Child care on work-site
   - Financial assistance for child care
   - Flexible schedule
   - Extended maternity/paternity leave
   - Allow you to bring child to work
   - Other __________________________

17. Are you aware of Child Care Resources of Rockland’s services for children and families?
   - Yes
   - No, but have heard of them
   - No, I have never heard of them

This survey is separated from your Pre-K application immediately, upon receipt and the information disclosed as no impact on the selection process. Your contact information will be kept confidential.

Are you interested in any of the following?
   - Yes, send me the results of the survey
   - Yes, I would like to join your email list
   - No, I am not interested

Email address: __________________________
Phone number (with area code): __________________________
First and last name (optional): __________________________
REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

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: 
School: 
Sex: □ M  □ F  DOB: 
Grade:  Exam Date: 

HEALTH HISTORY

Allergies □ No  □ Yes, indicate type: [Food, Insects, Latex, Medication, Environmental]

Asthma □ No  □ Yes, indicate type: [Intermittent, Persistent, Other: __________]

Seizures □ No  □ Yes, indicate type: [Type: __________] Date of last seizure: __________

Diabetes □ No  □ Yes, indicate type: [Type 1, Type 2] □ HbA1c results: [______] Date Drawn: [______]

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: □ No  □ Yes  Hypertension: □ No  □ Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height:  Weight:  Pulse:  Respiration:

OTHER PERTINENT MEDICAL CONCERNS:

TESTS  Positive  Negative  Date  Other Pertinent Medical Concerns
PPD/PRN  [□]  [□]  [□]  One Functioning: [□] Eye  [□] Kidney  [□] Testicle
Sickle Cell Screen/PRN  [□]  [□]  [□]  Concussion – Last Occurrence: [□] Mental Health: [□] Other:

Lead Level Required Grades Pre-K & K  Date [□] Test Done  □ Lead Elevated ≥ 10 μg/dL

[□] System Review and Exam Entirely Normal

Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities

□ HEENT  □ Lymph nodes  □ Abdomen  □ Extremities  □ Speech
□ Dental  □ Cardiovascular  □ Back/Spine  □ Skin  □ Social Emotional
□ Neck  □ Lungs  □ Genitourinary  □ Neurological  □ Musculoskeletal

□ Assessment/Abnormalities Noted/Recommendations:
Diagnoses/Problems (list)  ICD-10 Code

□ Additional Information Attached

Rev. 5/4/2018  Page 1 of 2
<table>
<thead>
<tr>
<th>SCREENINGS</th>
<th>DOB:</th>
</tr>
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<tbody>
<tr>
<td><strong>Vision</strong></td>
<td></td>
</tr>
<tr>
<td>Distance Acuity</td>
<td>Right 20/</td>
</tr>
<tr>
<td>Distance Acuity With Lenses</td>
<td>20/</td>
</tr>
<tr>
<td>Vision – Near Vision</td>
<td>20/</td>
</tr>
<tr>
<td>Vision – Color</td>
<td>□ Pass □ Fail</td>
</tr>
<tr>
<td><strong>Hearing</strong></td>
<td></td>
</tr>
<tr>
<td>Pure Tone Screening</td>
<td>Right dB</td>
</tr>
<tr>
<td><strong>Scoliosis</strong></td>
<td></td>
</tr>
<tr>
<td>Required for boys grade 9</td>
<td>Negative</td>
</tr>
<tr>
<td>And girls grades 5 &amp; 7</td>
<td>□</td>
</tr>
<tr>
<td>Deviation Degree:</td>
<td>Trunk Rotation Angle:</td>
</tr>
</tbody>
</table>

**Recommendations:**

- **RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK**
  - □ Full Activity without restrictions including Physical Education and Athletics.
  - □ Restrictions/Adaptations: Use the Interscholastic Sports Categories (below) for Restrictions or modifications
    - □ No Contact Sports: Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling
    - □ No Non-Contact Sports: Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, skiing, swimming and diving, tennis, and track & field
  - □ Other Restrictions:

- □ Developmental Stage for Athletic Placement Process ONLY
  - Grades 7 & 8 to play at high school level OR Grades 9-12 to play middle school level sports
  - Student is at Tanner Stage: □ I □ II □ III □ IV □ V

- □ Accommodations: Use additional space below to explain
  - □ Brace*/Orthotic
  - □ Colostomy Appliance*
  - □ Hearing Aids
  - □ Insulin Pump/Insulin Sensor*
  - □ Medical/Prosthetic Device*
  - □ Pacemaker/Defibrillator*
  - □ Protective Equipment
  - □ Sport Safety Goggles
  - □ Other:

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

**MEDICATIONS**

- □ Order Form for Medication(s) Needed at School attached

**IMMUNIZATIONS**

- □ Record Attached
- □ Reported in NYISIS

**HEALTH CARE PROVIDER**

Medical Provider Signature: 

Provider Name: (please print) 

Provider Address: 

Phone: 

Fax: 

Please Return This Form To Your Child’s School When Entirely Completed.
Health Notes for Universal/Statewide Full Day Pre-Kindergarten Parents:

**REQUIREMENTS**

**Immunizations:** Your child’s application will NOT be entered into the lottery without proof of the following immunizations:

4 DTap, 3 Hepatitis B, 3 IPV, 3 Hib, 1 MMR, 1 Varicella, 4 Pneumococcal
(http://www.health.ny.gov/publications/2370.pdf)

Free immunizations are available at the Rockland County Health Department in Pomona at the Robert Yeager Health Center, Building A, 2nd Floor in the rotunda area. For appointments call (845) 364-2519. The clinic sees children under the age of 5 on the 2nd Wednesday of each month.

There are only two exceptions for proof of immunizations: 1) proof of an appointment to receive a missing immunization or 2) documentation by a health care provider of a medical exemption.

**Health Appraisal/Medical Statement:** You may use the form provided in this application or another, however, all required information must be complete as shown. Ensure that your doctor includes the vision and hearing screenings; BMI and BMI %. If a PPD test is not done, ask the doctor to write “not indicated” or another comment. In certain grades, weight status category BMI % is reported to the NYS Department of Health. No names are sent, however you may choose to have your child’s information excluded from this report. In this case, please mark the appropriate box on the health appraisal form.

**RECOMMENDATIONS**

**Lead Screening**

Children can get “lead poisoning” from lead paint in older homes, contaminated soil, imported toys, ceramic dishes and water flowing from old pipes. The symptoms may look like minor illness but the potential damage is enormous, and may cause reduced IQ, slowed body growth, hearing problems, behavior and attention problems and kidney damage. Talk to your doctor about having your child’s blood tested for lead.

**Dental Screening:**

The American Academy of Pediatric Dentistry recommends a dental check-up at least twice a year for most children. Some children need more frequent dental visits because of increased risk of tooth decay, unusual growth patterns or poor oral hygiene. Your pediatric dentist provides an ongoing assessment of changes in your child's oral health. For example, your child may need additional fluoride, dietary changes, or sealants for ideal dental health. A dentist will give you a dental certificate for your child, for your school district, which you can give to Child Care Resources of Rockland, if needed. Listed below are low cost dental facilities in Rockland County provided by New York State Education Department Student Support Services Team:

- Community Medical & Dental, Monsey: (845) 352-6800
- Community Medical & Dental, Spring Valley: (845) 426-5800
- Refuah Health Center, Inc., Spring Valley: (845) 354-9300
- Hudson River Healthcare, Spring Valley: (845) 573-9860
- Hudson River Healthcare, Haverstraw: (845) 429-4499
THE CREATIVE CURRICULUM FOR PRESCHOOL

The word curriculum is often defined as “a plan for learning.”

New York State Education Regulations require that the curriculum used in the Universal Pre-kindergarten classroom be aligned with the Early Learning Standards. In New York State Prek Learning Standards were approved by the Board of Regents at their P-12 Education Committee Meeting on January 10, 2011. These are known as the NYS Prek Foundation for the Common Core. These standards address the following areas: Approaches to Learning, Physical Development and Health, Social and Emotional Development, Communications, Language and Literacy, Cognitive and Knowledge of the World. These standards are available at the following web address:


_The Creative Curriculum for Preschool 6th Edition_ was chosen by 7 of the 8 school districts in Rockland County for use in the Pre-kindergarten programs because it is directly aligned with the NYS Prek Foundation for the Common Core and because it emphasizes developmentally appropriate practice. The curriculum is published by Teaching Strategies (www.TeachingStrategies.com) and is written by Diane Trister Dodge, Laura Colker and Cate Heroman, et al. These early childhood professionals are well known speakers, authors, educators and innovators in early childhood education.

_The Creative Curriculum for Preschool 6th Edition_ is based on classic research in child development that has accumulated over the past 75 years. It is based on recent research and major theories that support the concept of developmentally appropriate practice, which means teaching children in ways that match the way they develop and learn. It is also based on current information about learning, the brain and resiliency.

What we know in the field about how four year olds develop and learn best tells us that they need many whole body, hands on, real life experiences to experiment, explore and pursue their own interests. They need ample opportunities to develop independence, decision-making and problem solving skills, creative expression and conflict resolution. The concept of developmentally appropriate practice tells us that children are most receptive to, and best acquire academic readiness skills when they are embedded within the child’s naturally sought after play experiences. The curriculum guides teachers in structuring these experiences and the environment in such a way that maximizes the child’s interest areas and skill levels. The teachers are involved in a continual process of observing, guiding and assessing a child’s learning so that they may plan most effectively.

_The Creative Curriculum for Preschool 6th Edition_ is a guide for teachers to support them in planning these types of learning experiences for their students. It helps teachers to understand individual differences in gender, temperament, interests, learning styles, cultural backgrounds, special needs or if a child is learning English as a second language. The curriculum also recognizes that the most recent research and findings indicate that a balance of teacher directed and child-initiated learning experiences is best.

BRIGANCE SCREENING

In New York State children are required to be screened at the first point of entry into the school district. This typically occurred when children enter kindergarten. A screening will be required of your child at this time because they are entering the district as a four-year-old through the Pre-Kindergarten program. If your child is selected for Pre-Kindergarten, a diagnostic developmental screening will be administered to your child at their Pre-Kindergarten site prior to December 1st of the 2020/2021 school year as per Part 117 of the New York State Education Regulations. The diagnostic screening tool used by all of the districts is the _Brigance Early Childhood Screen III_. This nationally standardized tool can be administered in approximately 15 minutes. It covers a broad sampling of a child’s skills in key developmental areas such as language, literacy, math and physical skills. The information collected during the screening helps teachers and program directors to satisfy screening requirements, plan for individualized and group instruction and initiate referrals for further evaluation if necessary.
ELIGIBILITY CRITERIA FOR STATEWIDE FULL DAY PREKINDERGARTEN

☐ I Do Not Want To Apply For Full Day
**No need to fill out this form if not applying**

☐ I Do Want To Apply for Full Day

Answer the following questions if you are applying for full day for any of the 4 districts:

What language(s) is spoken in your home? ______________________________

What language is spoken most of the time to the child? __________________________

What language(s) does the child understand? ________________________________

EARLY CHILDHOOD EXPERIENCE

(ONLY APPLIES TO NORTH ROCKLAND)

☐ Yes my child has attended a child care or nursery program for at least a year.

Name of program _________________________________________________________

☐ My child has had limited child care or nursery experience. (less then 1 year attendance)

☐ No, my child has not attended any child care or nursery program.

INCOME ELIGIBILITY

(DOES NOT APPLY TO NORTH ROCKLAND RESIDENTS)

Family Size_________ Annual Income__________________________

Submit for Income Verification *ONLY IF ELIGIBLE*:

****Income Eligibility Guidelines Are Based Upon the Free and Reduced Lunch Chart****

☐ Certification Letter from the NYS Office of Temporary and Disability Assistance (TANF) or the Food Distribution Program on Indian Reservation (FDPIR)

OR

☐ Copy of 2019 Federal Income Tax Return (top page ONLY showing adjusted gross income); and

☐ 4 weeks Pay Stubs

OR

☐ Proof of Disability Income and/or Unemployment Insurance if applicable

* If you have not filed a Federal Tax Return and do not have proof of income, please submit the following:

☐ Letter from employer stating length of employment days, hours and salary, or

☐ Letter from you indicating unemployment status

IF OVER INCOME DO NOT SUBMIT DOCUMENTS FOR PROOF OF INCOME
## INCOME ELIGIBILITY GUIDELINES

**Effective from July 1, 2019 to June 30, 2020**

### FEDERAL POVERTY GUIDELINES

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZE</th>
<th>ANNUAL</th>
<th>MONTHLY</th>
<th>TWICE PER MONTH</th>
<th>EVERY TWO WEEKS</th>
<th>WEEKLY</th>
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### REDUCED PRICE MEALS - 185%

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For each add'l family member, add 4,420

### FREE MEALS - 130%

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### 48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES

### ALASKA

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<td>2,684</td>
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For each add'l family member, add 5,530

### HAWAII

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<th>WEEKLY</th>
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<td>614</td>
</tr>
<tr>
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For each add'l family member, add 5,060

### GUAM, AND TERRITORIES

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZE</th>
<th>ANNUAL</th>
<th>MONTHLY</th>
<th>TWICE PER MONTH</th>
<th>EVERY TWO WEEKS</th>
<th>WEEKLY</th>
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<td>276</td>
<td>254</td>
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</tbody>
</table>
Universal Pre-Kindergarten and Statewide Full Day Pre-K Program Site List

*Please Read The Entire Page For Important Information*

Is your child currently enrolled in an early childhood program? Yes □ No □
If yes, name of program? ________________________

(If your child is selected to participate in the Universal Prekindergarten or Statewide Full Day Pre-K program all efforts will be made to keep your child in his/her current early childhood program based on availability if that program is a UPK/Statewide Full Day Pre-K early childhood program).

All Universal Prekindergarten/Statewide Full Day Pre-K eligible, selected applicants are permitted to enroll their child(ren) in any of the listed early childhood programs, regardless of school district, subject to availability and authorization by the school district. For simplicity, the attached early childhood program list has been designed alphabetically by village with available early childhood programs.

Please number with a 1, 2 and 3 to show your 1st, 2nd and 3rd choices of early childhood programs that you want your child to attend for the Universal Prekindergarten or Statewide Full Day Pre-K Program.

We STRONGLY RECOMMEND that parents contact individual sites for information about the programs and their time of operation and visit the early childhood program prior to selection.

Children will NOT be moved to another program after October 1, 2020 unless there are extreme circumstances.

Child Care Resources of Rockland, Inc. can only place your child in a program NOT a classroom. Classroom assignments are made at the discretion of each early childhood program. Please note that session times may be subject to change. Please circle the session you are interested in attending. Any programs offering an extended day for an additional fee will be noted by an * sign.
<table>
<thead>
<tr>
<th>AM Session</th>
<th>PM Session</th>
<th>Choice # (1, 2 or 3)</th>
<th>Program Name</th>
<th>Address</th>
<th>Point of Contact and Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>*</td>
<td>Preschool Playhouse/ Funland</td>
<td>557 Western Highway Blauvelt, NY 10913</td>
<td>Adam Fiala (845) 359-4562</td>
</tr>
<tr>
<td>8:30-11:15</td>
<td>8:30-2</td>
<td>*</td>
<td>St. Catharine's Early Education Center</td>
<td>517 Western Highway Blauvelt, NY 10913</td>
<td>Barbara Feeney (845) 359-4330</td>
</tr>
<tr>
<td></td>
<td></td>
<td>**</td>
<td></td>
<td></td>
<td>St. Catherine's will only serve children in Clarkstown, Nanuet, Nyack, Pearl River and South Orange.</td>
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</table>

**Blauvelt**

**Garnerville**

<table>
<thead>
<tr>
<th>AM Session</th>
<th>PM Session</th>
<th>Choice # (1, 2 or 3)</th>
<th>Program Name</th>
<th>Address</th>
<th>Point of Contact and Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30-11</td>
<td>3:5-30</td>
<td>*</td>
<td>Time In Child Care Inc.</td>
<td>60 Captain Shankey Drive Garnerville, NY 10923</td>
<td>Denise Forsberg (845) 942-8149</td>
</tr>
<tr>
<td>8:10-30</td>
<td>12:2-30</td>
<td>*</td>
<td>St. Gregory</td>
<td>26 Cinder Rd Garnerville, NY 10923</td>
<td>Dana Spicer (845) 947-1330</td>
</tr>
</tbody>
</table>

**Haverstraw**

<table>
<thead>
<tr>
<th>AM Session</th>
<th>PM Session</th>
<th>Choice # (1, 2 or 3)</th>
<th>Program Name</th>
<th>Address</th>
<th>Point of Contact and Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:45-1:15</td>
<td>1:3-4</td>
<td>*</td>
<td>Haverstraw Day Care, Inc.</td>
<td>212 Route 9W Haverstraw, NY 10927</td>
<td>Gabriella Armas (845) 429-2323</td>
</tr>
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<td>9:30-3:30</td>
<td>1:3-4</td>
<td>*</td>
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<td></td>
</tr>
<tr>
<td>9:11-30</td>
<td>9:30-11</td>
<td>*</td>
<td>Haverstraw Head Start</td>
<td>138-146 Maple Avenue Haverstraw, NY 10927</td>
<td>Danilsa Foster (845) 429-2225</td>
</tr>
<tr>
<td>9-11:30</td>
<td>9-2</td>
<td>*</td>
<td>Benim Academy of Haverstraw</td>
<td>21 Ridge Street Haverstraw, NY 10927</td>
<td>Lana Benim (845) 521-7055</td>
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</table>

**Nanuet**

<table>
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<tr>
<th>AM Session</th>
<th>PM Session</th>
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<th>Program Name</th>
<th>Address</th>
<th>Point of Contact and Number</th>
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<td>9:15-11:45</td>
<td>12:3-3</td>
<td>*</td>
<td>Kids Kingdom</td>
<td>121 West Nyack Road Nanuet, NY 10954</td>
<td>Stacie Scollo (845) 624-0936</td>
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<tr>
<td>AM Session</td>
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<td>Choice # (1, 2 or 3)</td>
<td>Program Name</td>
<td>Address</td>
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<tr>
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<td>9:30-12</td>
<td>12:30-3</td>
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<td>George Miller School</td>
<td>50 Blauvelt Road</td>
<td>RoseAnn Mercado (845) 627-4889</td>
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<td></td>
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<td></td>
<td>Nanuet, NY 10954</td>
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</table>

This program at George Miller will be operated by Nanuet Family Resource Center and will accept Nanuet School District children only.

### New City

<table>
<thead>
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<th>AM Session</th>
<th>PM Session</th>
<th>Choice # (1, 2 or 3)</th>
<th>Program Name</th>
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<th>Point of Contact and Number</th>
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<tbody>
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<td>9-2</td>
<td>*</td>
<td>Benim Scholastic</td>
<td>114 So Main Street</td>
<td>Lana Benim (845) 521-7055</td>
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<td></td>
<td>12-30-3</td>
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<td>Academy</td>
<td>New City, NY 10956</td>
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<tr>
<td>12:30-3</td>
<td></td>
<td></td>
<td>Busy Bee Playschool</td>
<td>39 Germonds Road</td>
<td>Ric Rabinowitz (845) 623-0849</td>
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<td>New City</td>
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<td></td>
<td>New City, NY 10956</td>
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<td>*</td>
<td>Jawonio</td>
<td>260 Little Tor Road</td>
<td>Evelyn Bautista-Miller (845) 708-2000 x3255</td>
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<td>New City Jewish</td>
<td>47 Old Schoolhouse</td>
<td>Jacalyn Binstock (845) 638-9600 ext 117</td>
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<td>Road</td>
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<td>St. Paul's Christian</td>
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<td>Fran Taibi (845) 634-0929</td>
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<td>Day School</td>
<td>New City, NY 10956</td>
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<td>Tutor Time – New</td>
<td>227 North Main Street</td>
<td>Karen Wizeman (845) 708-8270</td>
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<td></td>
<td></td>
<td></td>
<td>Montessori Center of</td>
<td>85 Marion Street</td>
<td>Dorothy Goren (845) 358-9209</td>
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<td>Nyack</td>
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### Nyack

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<th>Point of Contact and Number</th>
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<tbody>
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<td>8:30-11</td>
<td></td>
<td></td>
<td>Nyack Head Start</td>
<td>85 Depew Avenue</td>
<td>Kira Davenport (845) 358-2234</td>
</tr>
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<td>Nyack(cont’d)</td>
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<tr>
<td>9-11:30</td>
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<td>*</td>
<td>Children of America</td>
<td>265 No. Highland Ave</td>
<td>Ann Marie Esposito (845) 348-1433</td>
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<td></td>
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<td></td>
<td>Nyack, NY 10960</td>
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<td>Palisades</td>
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<tr>
<td>9-11:30</td>
<td>1-3:30</td>
<td>*</td>
<td>Children’s Corner</td>
<td>680 Oak Tree Lane</td>
<td>Farah Cleary (845) 680-0007</td>
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<td>9-11:30</td>
<td>12-2:30</td>
<td>*</td>
<td>Children’s Corner</td>
<td>1 Blue Hill Plaza</td>
<td>Sari Altabet (845) 620-1669</td>
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<td>12:30-3</td>
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<td>Good Shepherd</td>
<td>112 North Main Street</td>
<td>Maureen Connelly (845) 735-2737</td>
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<td>Nauraushaun Nursery School</td>
<td>51 Sickletown Road</td>
<td>Tara DiRocco (845) 735-4787</td>
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<td>Tall Pines Nursery School</td>
<td>84 Ehrhardt Road</td>
<td>Diane Kayser (845) 735-7227</td>
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<td>Rockland Worksite Day Care</td>
<td>50 Sanatorium Road Bldg R</td>
<td>Maria Ceci (845) 364-2697</td>
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<td>Y’s Beginnings-Sloatsburg</td>
<td>11 Second Street</td>
<td>Marianna Resch (845) 357-3223</td>
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<td>9-11:30</td>
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<td>Red Owl Academy LLC</td>
<td>645 Main Street</td>
<td>Liana Sargsyan-Quinn (845) 848-2407</td>
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<td>9:00-11:30</td>
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<td>Children of America</td>
<td>32 S. Liberty Dr.</td>
<td>Amanda Munderville 845-429-4621</td>
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<td>Point of Contact and Number</td>
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<td>9:30-12:00</td>
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<td>Yeshiva Ohr Reuven - Yeshiva Kesana Ohr Reven</td>
<td>257 Grandview Ave. Suffern, NY 10901</td>
<td>Feige Bessler 845-352-7100, x117</td>
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<td>9-11:30</td>
<td>1-3:30</td>
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<td>Rockland Community College</td>
<td>145 College Road Suffern, NY 10901</td>
<td>Andrea Bogin (845) 574-4561</td>
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<td>Campus Fun and Learn</td>
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<td>Kindercare</td>
<td>36 Route 59</td>
<td>Ashleigh Goldberg (845) 357-4048</td>
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<td>9-11:30</td>
<td>12:45-3:15</td>
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<td>Suffern Central School District</td>
<td>Site to be determined.</td>
<td>Alexis Fibble (845) 357-7783 ext 232</td>
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**Suffern Central PreK is located in the Viola Elementary and will accept only Suffern Central children first.**

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<th>Choice # (1, 2 or 3)</th>
<th>Program Name Suffern</th>
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<td>*</td>
<td>Sacred Heart School</td>
<td>60 Washington Ave Suffern, NY 10901</td>
<td>Kathleen Grande (845) 357-1684</td>
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<td>8-1</td>
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<td>The Goddard School</td>
<td>334 Spook Rock Road Suffern, NY 10901</td>
<td>Carolina Krauthamer (845) 368-3773</td>
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<td>12:30-3</td>
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<td>Y's Beginnings Suffern</td>
<td>18 Parkside Drive Suffern, NY 10901</td>
<td>Marianna Resch (845)357-3223</td>
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**Tappan**

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<td>9:05-11:35</td>
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<td>Children's Enrichment Center</td>
<td>32 Old Tappan Road Tappan, NY 10983</td>
<td>Joanne Volpe (845) 398-3370</td>
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**Valley Cottage**

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<td>8:15-10:45</td>
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<td>St Paul’s Pre-K</td>
<td>365 Kings Highway Valley Cottage NY 10989</td>
<td>Michelle Pitot (845) 268-6506</td>
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<td>9-11:30</td>
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<td>*</td>
<td>The Jan and Niles Davies Learning Center</td>
<td>Bldg. 40 Route 9W Helen Hayes Hospital West Haverstraw, NY 10993</td>
<td>Lindsay Smyth (943) 786-4595</td>
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</tbody>
</table>

*Note programs that offer extended hours for a fee.

*** Note programs that offer Statewide Full Day